

SCHOOL HEALTH

- ♦ An Overview
- ♦ Methodology
- ♦ Suggested Curriculum



CATHOLIC BISHOPS' CONFERENCE OF INDIA
Commission For Health Care Apostolate
CBCI Centre, 1, Ashok Place, Gole Dakkhana, New Delhi - 110 001

POPE JOHN PAUL II'S LETTER TO CHILDREN

"Dear friends! In what happened to the Child of Bethlehem you can recognize what happens to children throughout the world. It is true that a child represents the joy not only of its parents but also the joy of the Church and the whole of society. But it is also true that in our days, unfortunately, many children in different parts of the world are suffering and being threatened: they are hungry and poor, they are dying from diseases and malnutrition, they are the victims of war, they are abandoned by their parents and condemned to remain without a home, without the warmth of a family of their own, they suffer many forms of violence and arrogance from grown-ups. How can we not care, when we see the suffering of so many children, especially when this suffering is in some way caused by grown-ups?"

Joannes Paulus PP.

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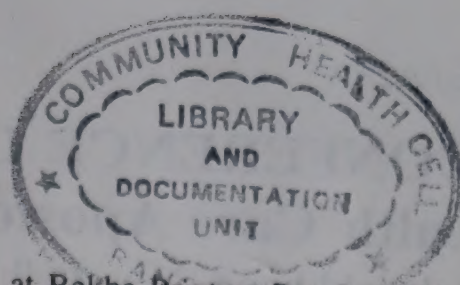
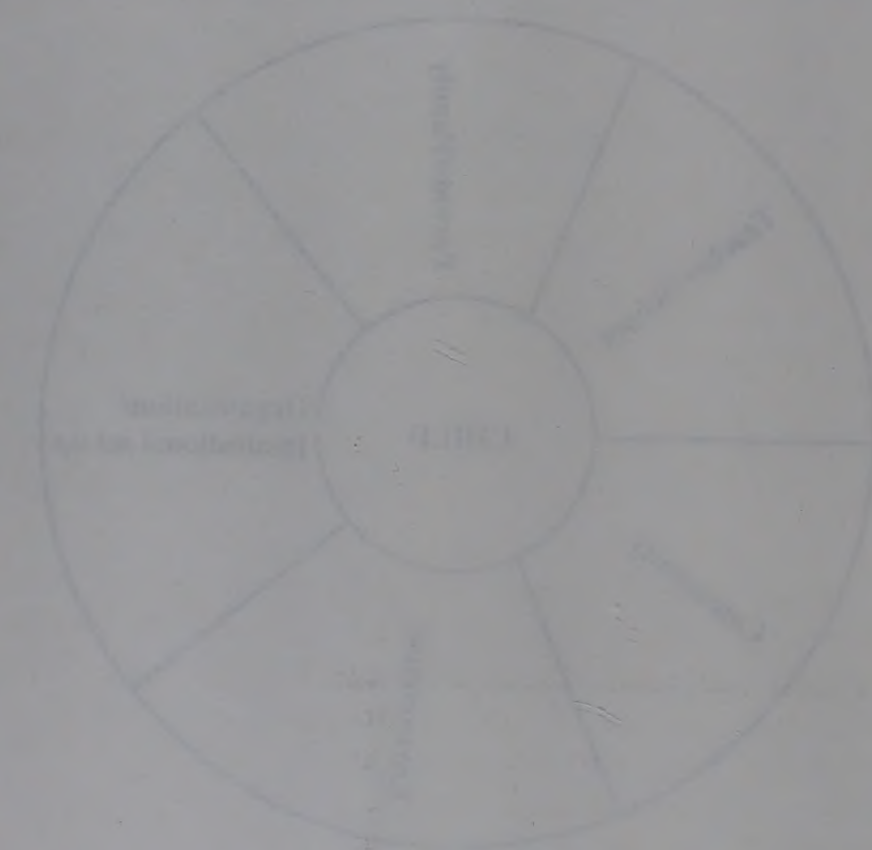
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CBCI Commission for Health Care Apostolate

Chairman : Most Rev. Thumma Bala
Members : Most Rev. Joseph G. Fernandez
Most Rev. Lawrence Mar Ephraem
Secretary : Fr. George Pereira

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FOREWARD

Walking in the footsteps of her Divine Master the Catholic Church has been rendering immense services to the People of our Country in the field of Health through her dedicated people, the Catholic Hospitals, Health Centres, Dispensaries and Mobile Units reaching out to the remote rural areas.

The Catholic Bishops' Conference of India established the Commission for Health in 1990 to inspire, co-ordinate, strengthen and promote more and more dimensions of 'Health Ministry' in a systematic and effective way on behalf of the Church in India. The Commission for Health under the Chairmanship of Most Rev. Joseph G. Fernandez, Bishop of Quilon and Fr. George Pereira, Secretary to the Commission brought out 'Health Policy of the Church in India Guidelines' in the year 1992.

The School is one of the most important and effective sectors to promote 'Primary Health' and 'Primary Health Education'. The Children in the Schools become recipients of the Health Education and later they themselves become Agents/Transmitters of the same on a wider circle. This School Health can not be an activity limited to the School Campus and Children alone. It needs to become a common activity of the School, Teachers, Parents and the Community, though the School takes initiative in this regard.

In the recent years there has been increasing interest in the "School Health Programme". International organizations like, UNICEF, UNESCO, WHO etc. have come forward in a big way to promote "School Health". The States of Tamilnadu and Andhra Pradesh have also initiated "School Health" in a big way.

One of the great strengths of the Catholic Church in India is our well-established and efficient School System/Network, through which we can extend Health Education/Health Ministry to a wider population.

Seizing this great and beautiful opportunity, the Health Commission intends to launch "The Comprehensive School Health Programme Curriculum in all Catholic Schools with the co-operation of the Dioceses, Religious and Health-related Associations.

The Commission for Health is happy to provide a Model Gude Book on "Comprehensive School health programme" to be introduced in the Catholic Schools. This book is a model which can be adapted to the local situation and culture.

We acknowledge with sincere thanks the services and contributions of St. John's Medical College, Bangalore and of Dr. Dara S. Amar, Professor and Head, Department of community health, St. John's Medical College, Bangalore; Dr. Sr. Lillian, Professor, St. John's Medical College, Bangalore; Fr. Emmanuel Mariam Pillai, Educational Multi Media Association, Madras; Fr. Patrick Rodrigues, Administrator, St. John's Hospital, Bangalore; Fr. John Vattamattam, the then CHAI Executive Director, Secunderabad; Dr. Rayanna, Osmania University, Hyderabad; Dr. Chitra, St. John's Medical College, Bangalore and Fr. George Pereira, Secretary to the Commission for Health, the moving spirit behind this undertaking.

Warangal
1st February, 1996

Most Rev. Thumma Bala
Chairman
CBCI Commission for Health

INTRODUCTION

The pathetic plight of the children of the developing countries and the ever increasing challenges to the Christian involvement in the Health and Healing Ministry urge us to focus on the most vulnerable group of people in our country who need priority health care provision. The school going children as a cohesive group occupies an environment that lends itself to a lot of planned and supervised health activities. The whole life of the school, the totality of experiences that a child receives, become the curriculum which can touch the life of the student at all points and help in the evolution of a balanced personality, assisting her/him to develop physically, mentally, emotionally, spiritually, morally and socially.

This first edition of the Comprehensive School Health Programme Curriculum envisages an integrated, wholistic and strategic, educational, social and medical intervention in the school community for preventive and promotive health care without overloading the existing academic curriculum. It aims at creating a facilitative environment for children to discover and develop their own imaginative and fertile depths to nurture and propagate positive health values, attitudes, habits and life styles. The concept "School Health" gives impetus to interdependent, responsible management of the health of the community by a dynamic proactive process of interaction between the school children, parents, teachers, school management and community.

We hope our network of schools will rise to the challenge to accept "Health" as a concept that requires responsibility and commitment to assume living dimensions and actively get involved in the creative implementation of this programme. Let it assume the energy of a nationwide movement of resistance to the introduction of all life diminishing cultures by any vested interest groups and create a life enhancing, participatory process of health and environment management. We owe this commitment to our children, our motherland and the future generations.

The primary credit to this endeavour is due to the guidance and encouragement of the previous Chairman of the CBCI Commission for Health, Bishop Joseph G. Fernandez and the members of the Commission Archbishop Arul Das James and Bishop Ignatius Paul Pinto.

My appreciation and gratitude are due to Professor C.A. Augustine whose vision inspired me to evolve the concept of the Comprehensive School Health Programme and to Fr. Emmanuel Mariam Pillai for his Contribution from the wealth of his ideas and experiences.

I place on record my heartfelt gratitude to Bishop Thumma Bala the present Chairman, Bishop Joseph G. Fernandez and Bishop Lawrence Mar Ephraem and the expert team members who developed and expanded the ideas to give them the present shape.

My gratitude also goes to Sr. Jessina SND, Women Development Officer, Caritas India for her critical comments, pedagogical insights and suggestions to enrich this edition.

I am indebted to Mr. William A. Canny, Catholic Relief Services (CRS) for the financial support to print this manual and M/S Rekha Printers for printing it in record time.

Let me assure you that this is only the first step at actualising our vision. Plans are on the anvil to produce other supplementary reference materials like Teachers' Manuals, Thematic Resource Books, Charts on various topics etc. to lessen the burden of the teachers and enrich the learning teaching process. There would be orientation programmes for diocesan education co-ordinators and principals of schools, as well as Training of Trainers' (TOT) Workshops at Regional level to facilitate the effective implementation of the programme.

New Delhi
25.12.1995

Fr. George Pereira
Secretary to CBCI Commission for Health &
Deputy Secretary General of CBCI

SCHOOL HEALTH

An overview

INTRODUCTION

In our quest to better the health of our people, we have to set goals of achievement which are often constrained by our resources.

One approach towards this end would be to identify vulnerable groups of people who would need some form of priority in health care provision. While it is an obvious fact that the Under-Five age group requires top priority, the school child occupies an environment that lends itself to a lot of planned and supervised health activities. This is because school children are easily available within the physical environment of the school and the school teacher is generally a dedicated and educated person with an interest in the health of school children.

Further, school age is a period in life when the child is eager to learn and is extremely curious. The school child has still not been grossly affected by some of the fixed concepts and ideas of the adult world. Keeping these advantages in mind, a school health programme provides an excellent vehicle to achieve the goal of positive health for these children.

GOAL

To enable the schoolchild to attain, maintain and propagate a healthy lifestyle.

Objectives

1. To create an awareness of the importance of school health, among parents, children and their teachers, within and outside the school environment through participatory processes.
2. To identify the physical, biological, mental, social health needs of the school child through an interaction between the parents, teachers and students themselves.
3. To identify the local resources available in the community to plan a school health programme which is specific to the locally identified needs of the children.
4. To train school teaches, parents and school children in the early identification of common ailments, first aid procedures, developing skills in simple preventive, promotive and limited curative procedures.
5. To evolve a simple, cumulative health record system for the school child, which can be maintained by the school teacher.
6. To integrate the learning of health matters with the school curriculum without overloading the existing academic curriculum.
7. To generate community participation in school health programmes through the creation of an active school health committee comprising of local community leaders, teachers and parents responsible for initiating, executing, supervising and evaluating the school health programmes.
8. To conduct participatory, field based, promotive health programmes that will generate initiative and enthusiasm among the school children.

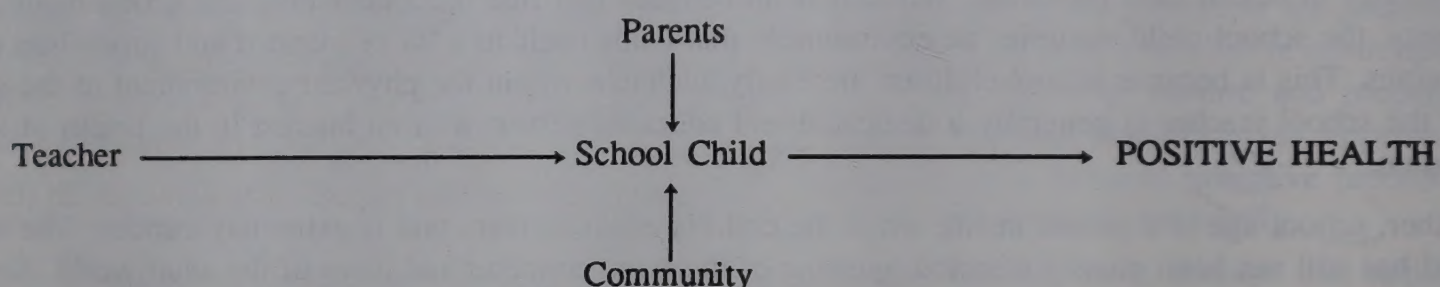
9. To continuously upgrade the skills of teachers and students in promotive and preventive health procedures, through regular, continuing training programmes by health professionals.
10. To promote behavioural approaches such as child-to-child, child-to-parent and child-to-community methods of promoting the health of the school child, leading to attitudinal changes and better health practices.

APPROACH

It is recognised that the main “players” in the school health process are

- a. The school going child
- b. Parents
- c. Teacher & School Management
- d. Community

The approach to a school health programme must therefore take into consideration the role played by each of these components in the process.



This manual describes a curriculum in school health and some “service” strategies.

The belief is that the curriculum and service strategies can show the way to positive health. But to make the process alive, there is a responsibility that must be shared between the players in the process.

The responsibility for attaining, maintaining and propagating lifestyles conducive to Positive Health lies with the child and the environment comprising of teacher, parents and the community.

It is only when health is considered as a concept which requires responsibility and commitment that it ceases being mere words and assumes a living dimension.

RESPONSIBILITY

In any school health programme it is important that the concept of responsibility be introduced so as to make Personal Health a thing to be proud of. The responsibility for Health has been considered under four headings—that of the child, the parents, the teacher and the community.

The responsibility of the school child is

- to understand the importance of positive health
- to know that unhealthy lifestyles lead to disease and unhappiness in self and others
- to participate in the process of health learning initiated in the school
- to carry home health messages received in the school and the community
- to maintain a healthy lifestyle at the school and at home
- to propagate health messages to other children and persons perceived to be in need of health learning
- to aid the school authorities/community in building up and keeping a healthy environment
- to aid parents in creating and sustaining a healthy home environment
- to shun unhealthy lifestyles and any attempts to introduce such lifestyle-related behaviour in the environment.

The responsibility of the school teacher/management is

- to ensure that the school environment is conducive to positive health
- to enable all teachers to imbibe content and method of transmission of health-related learning material.
- to empower teachers to transmit health related messages to school children
- to develop teacher role-models of positive health so that students may get inspired
- to interact as closely with students as necessary to observe and positively influence health-related behaviour
- to develop links with parents and the local community and work in coalition to make positive health a holistic process.
- to resist all attempts to introduce unhealthy lifestyles in the student body by vested interest groups of any nature
- to suitably recognise positive health in students and provide incentives wherever possible.
- to co-operate with all agencies involved in providing opportunities for enhancing positive health in students

The responsibility of the parents is

- to inculcate seeds of positive health in children
- to strongly discourage tendencies towards developing unhealthy lifestyles in children
- to provide a healthy home environment conducive to holistic growth of the child
- to co-operate with the school in their attempts to encourage healthy lifestyles in children
- to build relationships with school teachers and co-operate with the initiatives towards health that are taken by the school
- to encourage children to propagate health messages to siblings, other children and adults
- to co-operate with the community in their efforts at maintaining a healthy environment
- to provide children opportunities for sharing of ideas regarding positive health and encourage discussion in the home
- to serve as role models for children's inspiration.

The responsibility of the community is

- to build relationships with the local school
- to encourage and assist attempts by the school in keeping the environment healthy
- to encourage and support attempts by interested groups towards propagating health messages to the public
- to encourage and assist in reaching health services to the school by forging links with interested groups
- to secure governmental and non-governmental assistance aimed at promoting and maintaining health
- to create and maintain an environment conducive to positive health

The types of school and setting in which they function vary widely. The approach taken by a governmental primary school in a village must differ from that of a city-based convent school. Even within this disparate framework, the essential principles of positive health and the role played by the various key players will remain essentially similar. Each school must decide upon the extent of involvement with Health learning depending upon its resources and constraints.

But it is clear that only a 4 pronged approach will result in a healthy school child capable of maintaining a healthy lifestyle into the 21st century. The spinoffs in terms of increased manpower, efficiency and improved quality of life must provoke every school into making an effort in this direction.

STRATEGIES

There are many strategies that have been adopted in the field of school health services. The choice of a strategy is based entirely on the local resources available. Often, a combination of strategies may have to be used. The strategy could be of the following types:

1. **Supervisory strategy:** This involves intervention by health professional who undertake the responsibility of providing health care to the school children periodically through annual medical examinations. Inevitably the school teachers and children have to merely carry out instructions. The element of participation is totally absent. No skills are transferred to the teacher or parent. However, this is sufficient to satisfy mere regulatory requirements.
2. **Preventive health programmes:** This consists of stressing the importance of immunizations, disinfecting water, safe disposal of refuse, lectures in personal hygiene, displaying of health posters and organising film/video shows to the children. This is certainly better than the supervisory approach. However, there is still no participatory involvement of the children and the methods are all generally pre-planned and packaged. This does not generate any initiative. Transfer of skill is minimal and community participation is limited to merely providing a physical space for the organisers of the programme. This approach may be a good entry point to the school health programme.
3. **Participatory strategy:** In this approach, the four "key players" — the community leaders, parents, teachers and school children are involved in the following steps.
 - a. Formation of a core group of people who will be directly responsible for the school health programmes.
 - b. Community leaders, parents, teachers and school children being made aware of the importance of school health.
 - c. Identifying local health professionals who could play the role of technical advisors and trainers without taking over the entire school health programme.
 - d. Training of core group members, teachers and selected parents, in the various skills necessary for executing various components of school health programme.
 - e. Identifying health needs of school children.
 - f. Listing the local resources available in terms of the site of the programme, finances, willingness on the part of community leaders to give time to plan and execute the school health programme, manpower available, health workers etc.
 - g. Identification of specific components of school health programme and prioritising the specific activities.
 - h. Evolving a plan of action, keeping in mind resource limitations.
 - i. Implementing specific components of the school health programme as per the plan of action.
 - j. Periodic meeting of the core group members to review the programmes as they are implemented and modify if needed.

The core group referred to above, must have representatives of health profession, school teachers, community leaders, parents and a few senior school children. This approach emphasises participation by all concerned in the planning and execution of school health programme.

The health professional in the group has a vital role to play since he has to impart technical training without domination and should only be a facilitator while leaving organisational details to the core group.

PARTICIPATION BY STUDENTS

This is one area which generally tends to be neglected under a misconception that students need only to be "taught". However, if any educational programme is to bring about a change in the attitude and practices by the students, then the students themselves must be involved actively in the learning process. Although difficult, student participation is the only way out.

For this purpose, apart from involving the student in the core group mentioned earlier, the programmes themselves must be designed in such a way that the students are always interacting and executing as much of the programme component as possible. Many of the methods described in this report are student centred and require that the students do most of the activity. This is difficult to organise but is the only lasting solution available.

COMPONENTS OF A SCHOOL HEALTH PROGRAMME

Although a number of components may be included under the school health programme, it is important to remember that all of them cannot be included in all programmes. The selection of components is entirely dependent on local needs and resources. Introducing the various components in a phased manner may be a more practical approach. The various components are as follows:

Programme Topics

1. Physical Environment

- a. School building and its environment
- b. Plan and layout of school
- c. Source, storage and distribution of water
- d. Disposal of waste and refuse
- e. Ventilation
- f. Lighting
- g. Design of school furniture
- h. Recreation facilities
- i. Distance from home and transport facilities
- j. Proximity to potentially harmful environments

2. Biological Environment

- a. Physiological changes-puberty and adolescence
- b. Sex education
- c. Screening for common communicable diseases
- d. Personal hygiene
- e. Control of disease-carrying insects
- f. Disinfection procedures
- g. Nutritional requirements and food hygiene
- h. First-Aid and treatment of minor ailments
- i. Maintenance of first aid box with simple drugs
- j. Detection of early diagnostic signs/symptoms
- k. Planning of referral to doctor and follow up

3. Social Environment

- a. Family life education
- b. Teaching of values
- c. Awareness of hazards of drug dependence, alcohol, tobacco
- d. Transmission of sexually transmitted diseases
- e. Awareness of roles and responsibilities of community leaders
- f. Counselling services for slow learners
- g. Vocational/Career selection guidance cell
- h. Formation of parent-teacher-student associations
- i. Student tutorship programme (academic and non-academic)
- j. Environmental awareness—local and global
- k. Parental counselling and guidance
- l. Principles of civics/citizen's responsibilities
- m. Common safety measures within/outside home
- n. Training in leadership and responsibility management

4. Mental Environment

- a. Facilitating factors for good learning
- b. Simple coping techniques to prevent stress
- c. Basics of interpersonal relationship
- d. Prevention of addictions/dependance

METHODOLOGY

The selection of a method to implement a particular school health component is dependent on the resources available and the skill level of the teacher. The following is the list of possible methods of programme activity implementation.

- a. Didactic methods such as lectures and talks
- b. Group discussions
- c. Demonstrations
- d. Debates
- e. Role plays, dramas and puppetry
- f. Field visits and projects
- g. Child to child/child to parent/child to community methods
- h. Visits to health institutions of importance
- i. Use of models and dummies
- j. Specific skill training workshops
- k. Essay and story telling competition
- l. Health exhibition by students
- m. School medical examination by doctors
- n. Cumulative health records
- o. Maintenance of activity diaries by students
- p. Promotion of participation in community health activities
- q. Medical specialist camps by skin/dental/eye/ENT doctors
- r. Training of teachers by doctors for specific skills in early detection of disease and common ailment treatment
- s. Creating school level kitchen gardens for promoting growth of nutritious vegetables/fruits
- t. Nutrition demonstration including food hygiene measures
- u. Supplementary meal programmes
- v. Mass immunization programme
- w. Parent-teacher-student interactions to discuss mutual problems

PLANNING OF SCHOOL HEALTH PROGRAMMES

The topics and methods have been enumerated thus far. There can be no ideal curriculum for all schools. This report details a school health curriculum and also a description of the other programme components described so far.

Rather than attempt to strictly follow the given curriculum, it would be encouraging to evolve locally relevant ideas and methodologies. The various efforts and experiences of schools taking a lead must be shared with other schools as well.

Thus, an informal networking of ideas is far superior to merely following any given fixed text on school health services. It is important to prevent the school health curriculum from suffering rejection through a rigid following of ritualistic procedures.

METHODOLOGY IN SCHOOL HEALTH

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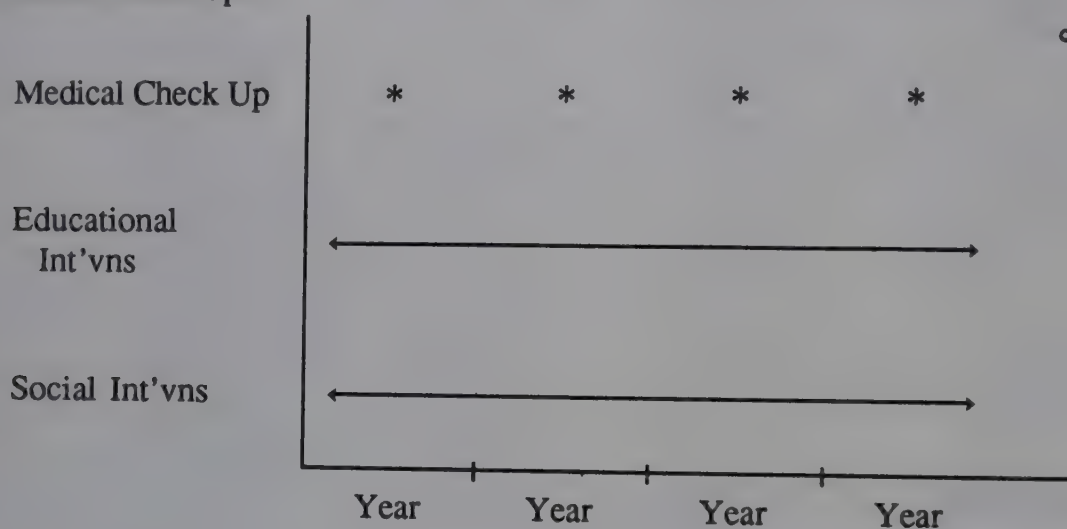
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INTRODUCTION

Health Professionals working towards the Health of the Community are often asked to provide a "School Health Service" to a school or group of Schools. While this is a convenient umbrella term it involves a wide range of interventions which must be individualised to meet the need of the school in question.

The interventions possible have been discussed under three heads—Educational, Social and Medical interventions.

Social and educational interventions must be an ongoing activity in an ideal School health service, punctuated with annual medical check ups.



RANGE OF SERVICES

MEDICAL INTERVENTIONS

◆ Medical Check Up

Objectives

- To Detect Illness in schoolchildren
- To Monitor their Growth and Development
- To Suggest Remedial Measures where applicable

Method

Conducted Annually

Team conducting consists of Doctor, Social Worker and Schoolteacher

A schedule is developed and distributed to the school before the actual date of check up. Details such as name, age, weight and height are filled up by the teacher.

A mention of the teacher's opinion is also made upon such details as student's ability to concentrate, extent of participation etc. based upon the teachers observation. This is also filled up before the actual check up.

The actual check up is carried out on a date convenient to the school and the team. Students are examined classwise.

The help of the teacher is taken to check vision using the Snellens E chart and also for ensuring orderliness and compliance. Health education sessions can be arranged when children wait.

It would be helpful if drugs to combat minor and common ailments are made available. Acute cases can then be treated immediately. Advice can be given as required to the child, to the teacher and to the parent where necessary. A referral option must be worked out to facilitate referral where necessary.

A detailed report can then be prepared by the team on the basis of their observation and this must be discussed with the principal and concerned class teachers.

The report must contain details of remedial action which is possible under the circumstances.

Comment

The last part of this exercise is often the most overlooked. The health team and the school management often look upon this as a chore which must be gone through to satisfy statutory requirements. Nevertheless, it remains a potential means to getting a grasp of the actual morbidity situation of the school and provides scope for instituting remedial action.

EDUCATIONAL INTERVENTION

◆ Child to Child Education

Concept

An informed child is a potential educator for other children and for the community at large.

Objective

To educate children on simple health issues and to promote dissemination of these issues into the community.

Method

Select simple health issues that are perceived as having a significant effect on the community

Examples are safe water, Oral Rehydration Solution/Home Available Fluids during diarrhoea, home remedies for cough cold etc,

Choose a group of children who are enthusiastic and capable of comprehension. (5th–8th std. children are ideal for this purpose.)

Conduct educational session where the message is transmitted to the student group.

Test comprehension by evaluatory questions, and clarify where necessary.

Assign target groups to the (now) informed children to disseminate their knowledge.

Test knowledge in the target groups.

Comment

A study was done in a school near Bangalore using children as educators of mothers and pregnant women. Messages related to taking iron rich food, attending Antenatal checks regularly, and other such simple, pregnancy related messages were given. There was a significant improvement in knowledge after children educated the mothers.

Children educated on safe water have even created problems at home by insisting on boiled, clean water to drink.

◆ Street Plays

Concept

Children learn quickly and are eager participants in amateur theatricals.

Adults like to watch their own children perform and there is generally a fair number watching these performances.

A realistic depiction of a simple health/social issue coupled with skillful debriefing at the end of these sessions can generate awareness.

Comment

This method requires a good deal of patience & commitment on the part of the organiser. Selection, training & monitoring of children is a process requiring time and energy.

Topics suitable for this mode are Immunization, Environmental sanitation, Nutrition etc.

The briefing and debriefing of the audience before and after the performance is an important part of this effort. This may have to be done by the organizer and prior knowledge of the community is an advantage in this regard. A participative session where question and answers are tackled by organiser and audience is an ideal forum for clarifying all aspects related to the issue. (For example the side effects of immunization in a program on immunization may be clarified in a participative manner following the program)

◆ Health through Music

Concept

Popular songs hold great appeal for children, who pick up catchy tunes rapidly.

Health messages, when converted to lyrics to suit the tunes of popular songs, find acceptance among children.

Comment

Film songs with catchy tunes seem most appropriate for adaptation. But there are some who feel that the words are lost in the tune when the latter is very catchy, and prefer Folk songs for this purpose.

This method can be used in coalition with some of the more intensive participatory methods like street plays and child to child sessions.

◆ Environmental Awareness Camps

Concept

Long vacations for rural school children tend to involve periods of boredom following the novelty of 'no school'. Since parents life styles do not change appreciably in this period, there is no 'holidaying' as common among the more affluent urban dwellers. Hence these periods can be utilised for "camps" where children in groups are taken into their environment and made to appreciate the place of environment in health.

Method

Identify small groups of children willing to participate in a 2-3 day long activity. This generally is not a problem in a rural area.

Organise them in a group and move out into the immediate surroundings of the vilage to identify and discuss topics like

- Sources of water and water behaviour.
- waste disposal sites—flies
- Swampy/marshy land—mosquitoes
- Different types of houses and ventilation.

Mornings can be field based while the warmer afternoons can be earmarked for discussion and games.

Ideal number 20 – 30 per group
 Ideal duration 2 – 3 day per camp.

Comment

Children are very comfortable with their immediate environment. Discussing health related topics in their own environment can be quite eye opening for them, and awareness is thus created. As with other relatively unstructured activities involving children, patience and an ability to work with children are required.

◆ Competitions

Concept

The creativity and imagination of children can be capitalised upon when they are called upon to compete with their contemporaries. This can be converted into a learning process when the topic is health related, following a learning experience.

Comment

Debates and Essays are some of the more common place competition events. The viewpoints of the community are generally brought out in these competitions and skilful summing up following the events is again an important determinant of the learning that these competitions actually achieve.

Other interesting competitions are posters, exhibit competitions, again featuring health related exhibits. Rangolis depicting Nutritionally rich food stuffs and dummies which can be used as educational aids are some of the more exotic forms of competitive events.

All such events require some learning to have taken place preceding the event, and must therefore be used alongside other educational interventions.

◆ Institutional Visits

Concept

Students in groups are taken to various educational and other institutions.

Such visits are generally perceived as being good fun. They also add to the learning experience and make the whole educational process more interesting.

Comment

A group of rural students taken to the Viswesvaraiya Industrial & Technological Museum in Bangalore swear that they will never forget the experience.

The working models of hitherto theoretical topics like the Internal combustion engine and a pulp and paper plant were wonders impossible to duplicate at didactic sessions. More health related models with microorganisms focused under microscopes brought many messages home.

Ideal size of groups 20 – 30

◆ Nutrition Demonstration

Concept

The task oriented method of health education is used here with students actually performing a nutrition related task.

Students get best acquainted with the nutritional benefits of locally available foods by actually using a sample of such foods to prepare a locally consumable dish.

Method

A session on the nutritive aspects of locally available foods is held.

Major types of locally available foodstuffs (raw) are made available, along with stoves, basic utensils and cooking media.

Students are sub divided into 4-5 groups and are asked to prepare dishes commonly eaten in the region eg. dry dhal curry, groundnut toffee, green salad etc.

Teachers go around while preparation is actually going on, making notes of dos & dont's in the hygienic preparation of food.

After the dishes are prepared, students 'present' in groups the ingredients they used, the process and the nutritional application of the particular foodstuff.

The observers then give their comments, and a general debriefing at the end of the session on nutrition completes the learning process.

Ideal size of sub group 5-6 to ensure participation by all members.

Comments

This method has been used with a wide ranging spectrum of trainees from community health workers to medical students.

It is more suitable for the older children, and makes learning in nutrition quite interesting.

◆ Senior Student Tutorship

Concept

Some school children are better learners and communicators than others.

Placing a good senior student to coach and help 2-3 weaker, junior students with their academic and other school activities would help in the betterment of both parties. There has to be an element of interest on the part of both, since pushing a student to help can be as detrimental as pushing a student to get help. Teachers are best suited for selecting the senior & junior students. They must also play a role in guiding the entire help process for it to attain an optimal level of efficiency.

If done properly, this helps in building up relationships and in fostering a sense of leadership among the senior students.

◆ Health Museums

Concept

Some schools have biological or science museums with mounted specimens.

Adding health-related exhibits to these museums like commonly encountered parasites, vectors etc. with charts giving details about the spread and prevention of common diseases can be very informative to students.

They can actually study the life cycle of the malarial parasite for example, with charts and specimens of mosquitos and blood smears showing malarial parasites actually available for all to see.

From this a discussion on the importance of environmental sanitation in eliminating mosquitos can be initiated. Other suitable examples are flies and cholera, worms and anaemia etc.

It may be desirable to have structured sessions concentrating on these museums. Many students complain that they have 'no idea' about the museums situated in their own schools.

SOCIAL INTERVENTIONS

◆ Involving Government School Health Functionaries

Concept

The governmental machinery is often considered as unresponsive and indifferent, but may not be so in real fact. Efforts on the part of the school to befriend governmental education officers, PHC Medical Officers and Block Health Educators may prove productive in the form of greater cooperation in all health related activities of the school.

◆ Social Forestry

Concept

Participating in a Forestry campaign fosters a sense of togetherness in the student group, as well as making him/her feel that he/she is actually doing something. The student is exposed to group dynamics and finds that participation can be fun.

Generally welcomed by the community, the social forestry programme has the advantage of governmental support through the NSS and other programs.

Schools can utilise free time in the rainy season to initiate this programme and literally watch it take root.

◆ Local Leadership Training

Concept

Local leadership patterns exist in rural areas, with the Panchayati Raj being in existence for some years now.

Children (older-senior classes) are introduced to their leaders in formal sessions with the role of each leader being elucidated. Questions are then put to the leaders which are answered and a discussion ensues.

This brings into focus the organisation pattern in their own community and exposes children to their rights and responsibilities as citizens of their community. Also it clarifies the role of each leader and demarcates areas of responsibility so the children are now aware of who does what in times of need.

◆ Parent Student Teacher Discussion

Concept

Three important players in the schooling process are parent, teacher and child.

Periodic interactions between these three together can bring into discussion questions that affect school children like smoking, drugs etc.

Discussion on "delicate" issues like sex education can also be had where the parents and teacher discuss pros and cons with the child in attendance and taking part. The presence of the child at these forums helps put

discussions between parents & teacher in perspective and makes the child feel that there is a relationship between these important figures in his/her life.

◆ Case Study Presentations

The most convincing arguments against drug abuse are given by alcoholic/smokers who have recently quit. Such social problems can be potentially threatening to school children who are at a vulnerable stage in life. A rehabilitated smoker or alcoholic who is selected by the school management and who is willing to share his/her experience is invited to interact with the older children.

With teachers as moderators, a discussion is initiated and the students are encouraged to ask questions and seek answers, while the teacher raises issues arising out of the ensuing discussion.

Guest speakers invited on the basis of technical expertise on subjects of interest and importance (such as AIDS, for example) can also interact in this manner, rather than from a didactic platform.

Students must be encouraged to be as free as possible, and this depends on the kind of rapport that the invitee strikes.

Such sessions provide students with answers to questions of importance and dispel myths about important issues.

◆ School Environment Committee

Concept

The school's immediate environment and its upkeep is a good starting point for introducing consciousness regarding the environment in general.

A "committee" consisting of students (in rotation, to ensure wider participation) teachers and management is formed and does a daily "round" of the school site and campus.

Environmental problems—garbage disposal, stagnant water etc.—are immediately noted and student groups work to set them right.

This helps in creating a sense of responsibility about their environment and in infusing a consciousness regarding the need for clean surroundings. Also it must impart the knowledge, where possible, of applying solutions to problems using available technology (like a soakage pit or kitchen garden as a solution to the stagnant water problem).

◆ Student Counselling

Concept

The teacher and parents know the child best and problems can generally be handled by them through counselling where appropriate.

Students with learning problems, attention problems, communication problems and problems with participation in group activities may be in need of counselling.

Interested Teachers may require short term training in counselling. Even without this, they may be in a good position to talk and find out if problems with potential solutions exist.

Professional help can also be requisitioned but counselling and psychological support where required by teachers could help in getting students back into the social and academic stream.

LEARNING TO LIVE

SUGGESTED CURRICULUM FOR SCHOOL HEALTH EDUCATION

LEARNING TO LIVE

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GENERAL COMMENTS

- This Curriculum has been prepared only as a guideline to assist teachers in formulating a more structured and locally relevant one which will cater to the needs of his/her specific school and community.
- An attempt has been made to make sure that depth of knowledge progresses along with levels of comprehension for that age group.
- Well documented records of existing morbidity patterns among school children have been consulted in preparing this document.
- School officials are encouraged to use their imagination and ingenuity in making the entire learning experience in health both an enjoyable and informative one.
- It would also be extremely rewarding when attempts are made to integrate health with other spheres of learning. For example, addition in mathematics could be taught by calculating total calories in a student's lunch. Similarly, stories of great discoveries in medicine could form part of the experience of learning history and difficult words such as diarrhoea could be used to test spelling skills.

NUTRITION

Eating Healthy Food

Objectives

By the end of this unit children would be able to:

1. Name the foods that are nutritious and good for health.
2. List some of the parts of the body that are benefitted by eating different types of foods.
3. Give reasons why one should eat less of certain kinds of foods.
4. Explain healthy habits one must have even in eating

Content

1. Different groups of foods. There are different groups of foods such as meat, vegetables, grains, egg, fruits and milk. Each of these is important because each makes certain parts of your body grow strong. It is not enough if you eat a lot of one of these foods. You must eat a little of each of these foods to make all parts of your body grow strong otherwise one part suffers and becomes sick.
2. Particular foods help specific parts of the body—
vegetables—eyes
milk (and other milk products like curd, lassi, cheese)—bones & teeth
fruits—prevent many diseases
3. Foods which may cause harm to our bodies are to be avoided. Too many sweets make our teeth become black and get holes in them. Even when we do eat sweets we must make sure to brush our teeth after that, particularly before we go to sleep.
Other foods we should be careful about are those sold on the street which may not be clean and may make us sick.
4. Some good habits in eating are to:
 - i. Wash our hands well before eating.
 - ii. Finish all the food on our plate.
 - iii. Drink plenty of water especially in the summer when we sweat a lot.

METHODOLOGY and NON-FORMAL EVALUATION :

Activities : Teaching is accompanied by charts of commonly available, inexpensive items in each food group.

The children also learn the names of the vegetables and fruits during this process.

To learn the different foods that help different parts of the body the teacher points to that part of the body and the children call out the food which that part needs Eg: carrot for eyes
milk for teeth.

Games : *Ring around the food* : Each child is to bring one item from home. Eg. one drumstick or potato and children first name the food item till they are familiar with the name. The foods are then placed at the centre and the children form a ring around it and the teacher calls out the name of a food. The first child to run to the centre and pick up the correct food wins that round of the game. The child winning maximum rounds gets a prize.

* * * * *

FOOD FOR STRONG RED BLOOD

Objectives

By the end of this Unit the children will be able to

1. Name the foods that are important in building strong, red blood.
2. Enumerate the ways a lack of blood can be seen in the body and the ways in which it makes one sick.

Content

1. Buildings are strong and tall when they have a lot of iron in them.
2. Bodies are also strong and tall when they have iron.
3. We don't have to eat iron nails and metal tins to get iron. Iron is present in several foods.
4. Naming the foods rich in iron : green leafy vegetables, ragi.
5. What happens when blood becomes weak without iron : eyes and nails become pale, weakness and breathlessness, easily tired.

Methodology

Stories - adaptation of the "hare and the tortoise" story where white "anaemic" hare and the green "healthy" tortoise are examples of what happens when we eat properly.

Activities - *Games : Red and Green* : The children form two teams and the children on the red team form a circle. The Green team must try and join the circle. They can do this by naming a vegetable that is good for blood. In this way all the children become part of the circle.



A Balanced Diet

Objectives

By the end of this Unit the children will :

1. State the components of a balanced diet in terms of the need for all types of food groups being represented.
2. Name the kind of illnesses that occur when the diet is not complete in every way.

Content

1. The concept of growth and body-building foods (protein) energy-giving foods (carbohydrates) protective foods (Vitamins) and oils (fats).
2. Naming of common foods in each of these categories and their value to different parts of the human body.
3. Common diseases that are likely to occur if this balanced diet is not maintained. This is to be dealt with in simple terms such as loss of weight, growth stunting, lack of blood and therefore strength.

METHODOLOGY and INFORMAL EVALUATION :

- Narration : The children name the foods that they had the previous day and the teacher helps them decide if they have had enough of each food group.
- Finish the plate : The teacher draws a plate on the board with a few items and the children have to come up and add (draw) food items that make up a balanced diet.
- Musical diet : The children clap hands and go around in a circle. When the teacher blows a whistle, the children gather in groups of 4. Each child in the group has to call out what "food" he is. If any group has an incomplete set of foods for a balanced diet then they are disqualified.

* * * * *

GROWING VEGETABLES

Objectives

At the end of this session the student must be able to :

1. State the reasons why they should eat vegetables.
2. Describe how to make a simple garden to grow green leafy vegetables.

Content

1. Vegetables are good for our health. Together with meat and fruits, fresh vegetables grown in our garden help to make us strong and healthy.
2. Vegetables help by protecting our body from many diseases. They contain vitamins and iron which are very useful for our body.
3. Some of the important vegetables that protect us are dark green leafy vegetables, like spinach and brinjals; orange and yellow vegetables like carrots, pumpkins, and tomatoes.
4. Most of these vegetables are easy to grow in our gardens. They do not take long and can be grown in a small area.
5. Some important tips to make a good garden to grow green leafy vegetables are:
 - a) Make the garden: First look for a place that is suitable, has good sunshine, and is close to a water source.
 - b) Prepare the garden by clearing the weeds, and then marking out the areas to be dug.

- c) It would be nice if a fence could be made with local shrubs.
- d) Once the area is dug, the green leafy vegetable cuttings can be transplanted.
- 6. Remember to make sure that there is enough water and sunshine for the plant to grow well.
- 7. Also, there are many medicines used to kill and prevent pests from eating your plants. Our parents can help us find one for our garden.
- 8. Plants need looking after—Care for the plant daily:
 - a) Water regularly, give a cool drink
 - b) Remove weeds, give space and light.
 - c) Put compost or mulching around them, give food and water them.
 - d) Give them protection, ask the agricultural extension worker for help.
 - e) Check for pests and diseases.

Activities

1. Find out : Which vegetables grow, well at which time of the year
What vegetables are grown in their village
2. Visit a local farm to see how they prepare the land for plants to grow.
3. Visit a local market to find out what vegetables are sold and where they come from
4. To form a group of five, and make a little vegetable garden in one corner of the school or their homes. Once in three months, an exhibition of their plants can be held in the school for all to see. The vegetables grown can be cooked and eaten in the school.

* * * * *

NUTRITION AND ANAEMIA

Learning Objectives

At the end of the session the children will be able to :

1. Describe why we eat food.
2. Explain what is malnutrition.
3. List, compare and contrast energy foods, body building foods and protective foods.
4. Identify various locally available food items and their nutritional contents.
5. Explain how to prepare food in a hygienic condition without losing nutritive contents.
6. Describe a balanced diet.

Content

1. We eat food for energy, body building and to protect various parts of the body.
2. Lack of any of these groups of food intake can cause malnutrition.
3. Make them list out or bring various locally available food items and help them to sort out what are energy foods, what are body building foods and what are protective foods.
4. Teach them how to identify various nutritional problems/deficiencies, like:
 1. Protein energy malnutrition
 2. Anaemia.
 3. Vitamin A,B,C deficiencies.

Activities

1. Teacher can have group discussion on various locally available food and tell them about their functions.
2. Can give them assignments as to how to combine these items and cook simple balanced food.
3. Observe
 1. How they prepare food observing hygiene.
 2. Any loss in the nutritive contents during their procedure of cooking.

3. Do they combine the right combination to get a balanced diet.
4. Cost factor.
5. Is it culturally accepted.
6. Is it prepared to fight malnutrition in children..

Later ask them to present the following in a simple message.

1. Materials given/additional.
2. Cost factor.
3. Nutritive content.
4. Cultural acceptance.
5. How to give health message with non technical, simple terminology

ANAEMIA

Objectives

By the end of the session the student will be able to :

1. State what anaemia is and its effects.
2. List the causes of anaemia.
3. describe methods of preventing anaemia.

Content

- * Our blood has a substance which is made of iron and protein. This helps the blood to carry oxygen to various parts of the body. This substance is called "Haemoglobin" and it makes our blood strong. When our blood is strong, our bodies can also be strong. A person with weak blood is said to have anaemia.
- * The following are the symptoms of anaemia :-
 - the person is easily tired
 - nails, tongue and inside of the eyelids are pale
 - the person feels dizzy and breathless
 - when children have anaemia they are not interested in studying or playing and they cannot concentrate.
 - children with anaemia do not grow properly and fall ill very easily.
- * Iron, proteins and vitamins must be eaten regularly to prevent anaemia. Iron is present in several foods such as green leafy vegetables, jaggrey and ragi. Vitamins and proteins are present in foods such as milk, curds, pulses, legumes, meat, fish, liver and eggs.
- * Anaemia can be caused because of
 - not eating the proper food
 - worm infestation
 - severe bleeding
- * Anaemia can be easily prevented by eating food rich in iron, proteins and vitamins.
People who have worms can be treated with medicines and should take a full course of treatment.

Activities

1. Children can name foods rich in iron, proteins and vitamins.
2. A small kitchen garden can be developed next to the classroom where the children wash their hands before and after lunch.

ROAD SAFETY

Road Safety

Objectives

By the end of the unit the children will be able to :

1. Name some of the dangers on the road.
2. Describe the precautions to be taken when walking or travelling on a vehicle on the road.
3. Appreciate the role of the police

Content

1. You must respect rules on the road. There are vehicles that are going fast that can hit you and hurt you or part of your body.
2. While walking on the road, always hold an older person's hand and walk on the side away from the road.
3. Never play on the road. You must not even play near the road because if a ball or toy rolls onto the road and you run after it without looking, you could get hurt. Never play games which involve holding onto cars or chasing them. Do not practice cycling on the road.
4. When travelling in a vehicle you must never stick out any part of the body because another vehicle may hit it and hurt you.
5. If travelling on a two wheeler, hold on tight to the driver and tell him/her immediately if you are feeling sleepy or sick.
6. If you are travelling in a car, sit in your place and do not stand up, you may lose your balance and hurt yourself when the car suddenly has to stop.

METHODOLOGY and NON-FORMAL EVALUATION

Activities : *On the Safe Road*

Each member of the class becomes a part of the traffic on the road. They depict traffic at different speeds eg: bullock cart, a cyclist, tractor, truck, scooter etc.

The teacher is the "parent" and different children take turns walking with her or travelling with her on the bus (two chairs may be placed on the "street" for this) and the children call out precautions to be taken when travelling/walking on the road.

Game : *Traffic Police :*

One child is the police and the children walk around to music or clap hands and walk until the "police man" blows the whistle. Whoever doesn't stop immediately is "out". The winner of the game is the child left last.

* * * * *

The Roads and You

Objectives

By the end of this Unit the children will be able to:

State precautions necessary to be taken when travelling on a road.

Content

1. Always walk on the side of the road facing the traffic.
2. Cross the road only where cars and buses come to a stop at a place where there are stripes (like a zebra) painted on the road.

3. Look on both sides before crossing the road.
4. Do not chase animals, a ball or plaything onto the road.
5. Traffic stops at the red light and goes when the light turns green.
6. Do not play games near or on roads.
7. Do not practice cycling on the main road.
8. Do not cross the road where it turns or a tree or building is hiding you from a car or bus.

METHODOLOGY and INFORMAL EVALUATION :

Stories

Maps : Draw a small traffic area in the sand with a stick within the school compound. Put in turns and traffic junctions. Test the children's knowledge by travelling down these "roads" and observing correct and incorrect road safety.

To teach traffic lights :

Name *red* objects that are dangerous or harmful and draw them on the board.

eg: red chilly, red scorpion, red flame.

green objects that are good or friendly.

eg: green peas, green grasshopper, green trees.

ENVIRONMENT

Keeping Surroundings Clean

Objectives

By the end of the unit the children would be able to :

1. Relate why one must keep surroundings clean.
2. Give an account of steps a child can take towards achieving a clean environment.

Content

1. It is our duty to keep our school, home and country clean. If we do things to make the world beautiful others will also follow our example.
 2. We can keep our school clean by throwing all rubbish only in garbage containers. After eating we must make sure all waste and peels are disposed of properly.
 3. Even if we see others throwing paper on the floor, we must remind them that there are garbage bins.
 4. At home we must help whenever we can in keeping the house clean by not leaving clothes, footwear lying around. We must put back all playthings in their right place after playing. We must help clean the table after every meal.
 5. When travelling outdoors we must never throw things on the road. We must wait till we see a garbage bin.
- Always wrap chewing gum in a piece of paper before throwing it out. Otherwise it will stick to somebody's shoe and make things unpleasant for that person.

METHODOLOGY and NON-FORMAL EVALUATION

Activities : A Day may be designated for "School Cleanliness" and children are encouraged to do yard work to clean the surroundings of the school. The child who brings the most pieces of paper or rubbish to be disposed of may be rewarded in some way.

Each week a different child may be made "The Clean Police" and maybe made to check the cleanliness of the class, including making sure his friends do not throw rubbish around. A simple badge maybe made for this purpose.

At the end of this unit the children maybe given a sweet and the teacher may observe to what extent the children remember to dispose of the wrappers in the proper way.

STOOLS AND HYGIENE

Objectives :

By the end of the session the student will be able to :

1. State the dangers of unhygienic methods of stool disposal.
2. Describe the correct use of latrines.

Content

- * Stools contain many small organisms which can cause diseases such as diarrhoea, jaundice and typhoid. They also contain eggs of worms which can infect others.
 - * Many small children deposit their stools in many different places both inside and outside the house.
 - * It is very easy for anyone taking care of a young child to spread germs from stools.
 - * Germs can be spread by our hands after we have wiped a child's bottom or if we accidentally touch the floor, the furniture, the door or the food. These germs in the end can reach the mouth of another child.
 - * To prevent all this some simple methods of stool disposal can be followed:
 - Always use a latrine whenever possible and when not possible use a place away from the house.
 - Pour water into the latrine after use or if you have used the ground make sure the area is covered well with sand or mud. If you don't do this the flies will sit on it and then on your food and plate making it dirty.
 - Wash your hands well with soap and water after using the latrine.
 - Close the door of the latrine after use.
 - Make sure your fingernails are always cut short and are kept clean.
- Older children can help the young ones learn to pass the stools in the right places by taking them with them when they themselves go to relieve themselves.
- Children can identify what is wrong with the picture:-



INSECTS AND DISEASE

Objects

By the end of the session the student will be able to :

1. State which insects are of medical importance.
2. Describe how these insects transmit diseases.
3. Enumerate different ways of getting rid of these insects.

Content

1. Insects related to disease are plenty. The common ones we see every day are: flies and mosquitoes.
2. Diseases are caused by germs. These germs come into the body through different ways. Some come through a bite in the skin, while others are caused by eating dirty food or drinking bad water.
3. Flies cause diseases by sitting on dirt and then sitting on food with those same dirty legs. The dirt then goes to the person's stomach, and can cause diseases.
4. Mosquitoes cause diseases by letting the germs grow inside their bodies. Then, they bite a person, and send these germs into the man's body. The man gets the disease through the mosquito bite.
5. The common diseases caused by mosquitoes are malaria (fever with chills and sweating), and filaria.
6. Flies spread many diseases, but the most common are diarrhoea, typhoid, and jaundice.
7. These insects can be destroyed by many ways.
 - a) Mosquitoes live in water, so all tanks, lakes, ponds etc. should be clean and drains must be well covered.
 - b) Make sure that there is no collection of water in the drains outside the house or the school.
 - c) Flies sit on food and spread germs. Therefore, it is important to keep food covered at all times.
 - d) If there are a lot of mosquitoes, use a net or coil at night.

Activities

1. Make a poster of insects and match them with the diseases that they cause.
2. Write a short story on the fly/mosquito that visits their home.
3. Identify at least one place which breeds these insects and suggest how to overcome the problem.

* * * * *

Clean and Safe Water

Objectives

By the end of this unit the children will be able to

Explain that clean water is important as unclean water will make a person sick.

Content

1. Water can *prevent* or *cause* disease.
2. Water is good because it helps us stay clean.
3. It is good to drink plenty of water on a hot day when we sweat a lot.
4. Water can also carry diseases when it gets dirty.
5. Water gets dirty when animals or people dirty it by washing in it or washing clothes in it.
6. The place where we get water from has to be kept clean. If it is a well the area around it must be clean.
7. When we bring water home it has to be kept in a clean and covered container.
8. You should not dip your dirty fingers in it when you want to get water to drink. Wash your hands. Use a clean tumbler to get the water out.
9. Boil water before drinking whenever possible or at least when people are sick at home or in the town/village.

METHODOLOGY and INFORMAL EVALUATION :

Stories.

Picture of do's and don'ts



WORMS

Objectives

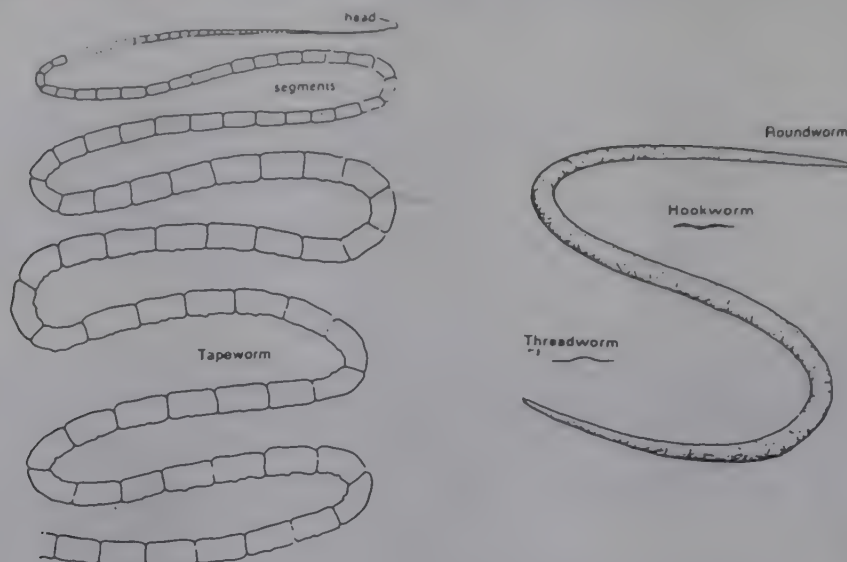
By the end of the session the student will be able to :

1. State what parasites are and how they affect us
2. List how we get worms
3. Name common types of worms and how they affect us
4. Describe the common symptoms
5. What we can do to protect ourselves from worms.

Content

- * A parasite is something that gets its food from our body. It can make us very ill.
- * Worms are parasites that live in our body. Each worm can lay thousands of eggs and thus multiply very fast.
- * These worms live in different parts of our body, especially in our intestines. There they eat our food and some of them suck our blood.
- * They make us weak and tired and can even kill us. Children with worms do not grow properly and do badly in school. They also fall ill easily and do not recover from illnesses quickly.
- * When the worms inside our bodies lay eggs, these pass out in our stools. These eggs are very small and can't be seen by us. If we pass stools in places where we walk, sit or eat, these eggs can get into things they touch and thus spread. The eggs can stick to the hairy legs of the flies when they sit on the stools. When these flies sit on our food these eggs are transferred on to our food and to us when we eat the food.
- * If we have long nails and also if we don't wash our hands with soap and water after defecation these eggs can stay on our hands and under our nails. They then pass on to things that we touch and thus to other people. They also go back into our bodies through our mouths. These eggs then grow into worms inside us and the cycle is repeated.

- * The following are some common harmful worms:



1. Threadworm

These are very common especially in children. They are very small tiny white worms, like bits of thread. They can be seen on a child's anus especially at night when the female worm comes to lay her eggs there. This makes the anus itchy. Children get very tired because they do not sleep much at night.

Spread : When a person scratches the area where the eggs are and then serves food or eats without washing hands then these eggs go into their own body or to others.

2. Roundworm

These worms are pink and long with pointed ends. They can easily be seen in stools and sometimes children cough and spit them out. These worms live in our intestines and lay thousands of eggs.

Spread:

- These eggs pass out with our stools and live in the mud for a long time. When children play in this area these eggs can stick to their hands and legs and when they eat with unwashed hands can enter the body through the mouth.
- These eggs also stick to vegetables grown in infested soil and can enter the body if these vegetables are eaten without washing them properly.
- Washing hands and vessels with mud that is infested with these eggs is another way in which these worms can spread.
- Flies which sit on stools can also transmit these eggs to our food.

Symptoms: Round worms can cause stomach ache, indigestion, vomiting or diarrhoea. It may also make children feel like eating mud. In many cases it causes the stomach to swell.

3. Hookworm

These worms enter our body through the skin on our feet, hands or bottoms. They then pass through our body to our intestines where they hook themselves and suck our blood.

Spread: The millions of eggs which are laid in our intestines pass out in our stools. These hatch in the mud and pass through the skin on our feet when we walk bare footed or through the skin on children's bare bottoms when they sit on the ground without underclothes.

Symptoms:- Because they suck our blood, children infected with these worms can get anaemia (very weak blood). Their gums, fingernails, and insides of their eyelids become very pale and they are weak and tired. sometimes they can even die.

4. Tapeworm

These worms have a head and a body which is made up of many flat short pieces (segments). As the worm grows, these pieces get filled with eggs and break off. They then pass out of our body in our stools where they can be seen.

Spread: When cows and pigs eat, they swallow some of these eggs which then hatch and grow in their flesh. When people eat this meat which is not properly cooked, they get infected with these worms.

Symptoms: Tapeworms make us feel tired and weak and can even kill us.

* *Treatment of worms*

Worm infestation can be treated by medicines from the doctor. A full course of the prescribed medicines must be taken. The whole family has to be treated for worms

* *Prevention*

- Wash hands well with soap and water after defecating and before eating or serving food.
- Keep nails clean and short.
- Keep clothes clean.
- Dispose off stools away from living and play places.
- Pour water in the latrine after use or if you have used the ground, make sure the area is covered well with sand or mud. If you don't do this flies will sit on it and then on your food and plate and thus make them dirty.
- Always use a ladle to remove water from pot
- Wash vegetables well before eating them.
- Prevent children from eating mud.
- Keep food covered so that flies can not sit on them and do not eat foods that have flies sitting on them.
- Foods that are kept uncovered and sold in the shops or on the roadside can have dust with these eggs on them. Do not eat such foods.
- Always wear clean underclothes.
- Cook meat properly before eating.

* *Activities:*

I. Finding out:

1. How can you tell if a small child has worms?
(Scratching anus, restless, tired, pale, stomachache, not hungry, presence of worms in the stools, eats mud, swollen belly)
2. Do people at home have worms?
3. Have you seen worms?
4. How many of you follow good sanitary practices?
5. How many people in your homes practice good sanitation and personal hygiene?

II. STORY

Once some children were playing in a garden. Suddenly they heard strange and unfamiliar voices. They quietly looked around to see who was talking. Some unusual figures caught their sight. They saw three strange figures, all three had long tails but their shapes were different.

One was fat and plump, another crooked, and the third was very thin. The children were puzzled, so they hid behind a tree to hear them talk. From their conversation the children found that the funny looking creatures were none other than the nasty worms.

First of all the **Roundworm** said "My eggs are so small that people cannot see them. I lay my eggs and when they come out in stools they can remain for a long time in the soil. I stick to the nails of people and

enter their body if they don't wash their hands. Also, some children eat mud and some women clean their utensils with mud. This makes it easier to enter their body. As soon as I enter, I eat up everything the person eats, so their body becomes weak from lack of food. Then I lay thousands of eggs and come out through their faeces. This way I continue my cycle. Ha! Ha! What a life!!!".

Upon hearing this, the Hookworm boasted, "Huh, what a life? You don't know me! I am very dangerous. I stick to the intestines of people and suck their blood, but I cannot be seen. People then become anaemic from lack of blood. I leave my eggs on the moist soil through faeces and when another person walks barefoot over it, I enter his body. This is how I spread. So, you see my might? You only live on a person's food, but I am a superhero because I feast on precious blood!"

The Threadworm, who had so quietly listened to the two, said, "I am thin and thread-like and lay my eggs outside the anus, which leads to itching at night. I also travel from faeces to the mouth. I too like persons who are dirty, those who do not wash their hands properly, especially after defecating. But I can trouble a person the most because I cause itching, irritation and weakness and give sleepless nights. Wow, what fun!"

All the three worms were happy with their victory, and quickly started to dance and sing.

The children were struck with disbelief on hearing all these stories. Chotu, the youngest of all started crying because he had been eating mud even though everyone had told him not to.

Now, he knew the consequences. The children did not know how to prevent worm infestations, so they all ran to Lata, an elderly friend of the children. They told her all they had heard and seen. They also told her that since Chotu was eating mud, he may have a lot of worms in his body. Lata said, "Oh no, that is not good. You must see a doctor and take deworming tablets. Also ask your parents to give the same medicine to everyone in the family. Besides the tablets, you have to take other precautions to prevent another worm infestation because repeated infestations can cause serious complications".

The children were relieved to get help, and asked Lata about preventive measures. Lata told them about personal hygiene, regularly cutting nails, using latrines, washing hands before eating and using footwear.

Chotu listened carefully, then asked, "But Lata, what about that proud hookworm? He said that he was causing paleness and weakness in us by sucking our blood". Lata explained that hookworms can cause anaemia, but can be removed by first completing the course of deworming tablets and eating iron rich food such as green leafy vegetables. She also warned that deworming tablets are not enough. Personal and environmental hygiene are just as important for the whole family. The children were now happy and making fun of the worms. They started dancing and singing with joy.

* * * * *

ENVIRONMENT AND HEALTH

Learning Objectives:

After the session students should be able to:

1. Understand the role of Environment in Health.
2. Awaken to the perils of deterioration of the environment.
3. Identify the ill health caused by contaminated water and polluted air.
4. Understand different types of pollutions i.e. air pollution, noise pollution, radiation on account of nuclear tests etc.
5. Become conscious of deterioration of the moral and ethical environment of our country.

Content

1. Pollution is caused by industries.
2. Deforestation in large quantity affects the environment very badly.
3. The exhaust fumes from the increasing number of motor vehicles affect our health.

4. Ill health is caused by the contamination of vegetables and fruits because of the insecticides and pesticides used.
5. Radiation is caused by the development of nuclear energy which is often used for making of Nuclear Arms.

Activity

1. Bhopal gas tragedy can be narrated to the students.
2. Group discussions, debates, painting and essay competitions can be held to make the students aware of the cultural invasion taking place in our country in the name of globalisation and our responsibility to promote a healthy physical, intellectual and moral environment.

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PERSONAL HYGIENE

Keeping Your Body Clean

Objectives

By the end of this Unit the children will be able to :

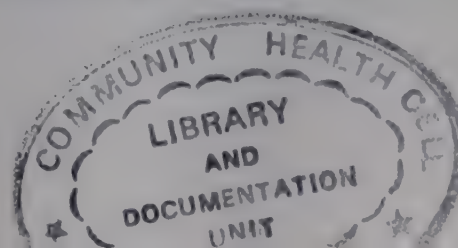
1. State that it is important that they must be clean as this prevents disease.
2. Tell the teacher all the measures taken in one day to make sure that they are clean.

Content :

1. The need to have a bath everyday.
2. The need to brush your teeth twice a day.
3. Going to sleep early and waking up early.
4. Using a handkerchief when you have a cold.
5. Covering your mouth when you cough or sneeze.
6. Wearing slippers or shoes when you go outside the home.
7. Washing your hands feet and face when you come in after playing and especially before eating.
8. Keeping your nails cut and clean.
9. Washing your hair and keeping it neatly combed.

METHODOLOGY and INFORMAL EVALUATION : Stories, Demonstrations (e.g. brushing teeth), Merit card

Student	Class :						
	M	T	W	T	F	S	S
Brushing teeth							
Bathing everyday							
Washing hands							
Wearing slippers							
Cutting nails							
Going to sleep early							
Waking up early							



Parents are urged to fill this card this with a tick mark or a star for each completed activity each day and the child with maximum stars or tick marks is given a prize or the rest of the class may clap for him while she/he stands on a chair.

Inspection — Besides the Merit card the teacher may hold an inspection every Monday morning for cleanliness of hair, teeth, nails and clothing.

How to Take Care of Your Teeth

Objectives

By the end of the Unit the children will be able to:

State why it is important to take care of one's teeth and the measures to be taken to prevent damage to teeth.

Content

1. Why we need good healthy teeth.
2. What makes teeth turn black or get painful.
3. Who is a dentist?
4. What does he teach us.
5. How can we fight germs in the mouth.
6. The 2 things germs are really scared of: tooth paste and brush.
7. How milk helps our teeth grow strong.
8. How our baby teeth fall out when we are small and big strong teeth come in their place.

METHODOLOGY and INFORMAL EVALUATION :

A Skit with characters such as —

Tippu Tooth
Rotten Ranga
Sweet Swathi
Sugar Sharkar
Brinda Brush

The "Sweet" characters try to lure Ranga and Tippu but only Ranga gives in and lands up with rotten teeth. Whereas Tippu fights the sweets with Brinda's help and has good, shining teeth.

Observation

The children can look into each other's mouths and check for signs of cavities.

* * * * *

Skin—A Healthy Coat

Objectives

By the end of this Unit the children will :

1. Narrate the ways in which unclean skin can lead to disease.
2. Explain the ways in which one can make sure the skin is healthy and clean.

Content

1. The need for healthy skin as a protective covering.
2. Keep skin clean by having a bath regularly.

3. If skin is not clean it can get infected and we may get sores.
4. Small insects called "itchmites" creep under dirty skin and cause sores called scabies.
5. The hair also gets infected with lice if not kept clean and combed.
6. Not only are these things ugly to look at but it also means you have not been keeping your body clean.
7. Wash your hands and feet well particularly after playing in the mud.

METHODOLOGY :

Stories.

Skits with characters such as

Sona Soap
Vineet water
Clean Kabir
Dirty Dinesh

The skit can demonstrate how dirty Dinesh refused to play with Sona soap and Vineet water and ends up with sores for which he is admitted in the hospital whereas clean Kabir is always healthy.

TAKING CARE OF OUR TEETH

Objectives

By the end of the session the student will be able to :

1. State the need for good healthy teeth.
2. Explain Why teeth get black and painful and how it can be stopped.
3. Name food that we must eat to keep our teeth healthy and strong.

Content

- * We have two sets of teeth. The first set falls out between 5–8 years of age. The second set of teeth are strong and permanent. They cannot be replaced if they become rotten and fall off. So we need to take good care of our teeth.
- * We have two types of teeth—the front teeth are for biting and the back teeth are for chewing. Having good healthy teeth helps us eat a wide variety of food. Good teeth also help us speak clearly and smile and look attractive.
- * When teeth decay they become brown or black and get holes. The holes are small at first but become big and painful if they are not filled by a dentist.
- * Children with decayed teeth often have a toothache, bad breath and may even have boils in the gums surrounding the teeth. Sometimes these spoilt teeth have to be taken out. Then it will become difficult to bite, chew or speak clearly.
- * Gums cover the jaw around the teeth. When teeth and gums are not cleaned properly a layer forms around them. Germs live in this layer and attack our gums. Diseased gums are sore and bleed. When gums get diseased, teeth fall out.
- * Teeth get spoilt when we do not wash our mouths after we eat. We should especially make it a point to wash our mouths well after we eat sweets and drink fizzy drinks.
- * We must brush our teeth at least twice daily—once in the morning and once at night before going to bed. This will remove pieces of food stuck to our teeth and stop germs from growing in them and attacking our teeth.
- * Drinking milk everyday and eating fresh vegetables will help us have strong teeth.

Activities

1. Children can look at the teeth of
 - their younger brothers and sisters
 - older children
 - babies
 - other children of the same age, and
 - adults, including older people.

They can count the teeth and see the different types of teeth.

They can identify decayed teeth.

They can identify holes which have been filled by a dentist.

2. Make a list of food items eaten by babies and by old people who do not have teeth and compare it with their own diet to see how important teeth are for biting and chewing.
3. Children can keep a record of their oral hygiene practices for at least 6 months in the following manner:-

NAME :- AJIT

Date	Brushed teeth		How
	M	E	
5/5/95	*	*	brush
6/5/95	*	*	hand
7/5/95	*	×	brush

* brushed teeth

× didn't brush teeth

4. Make a brush stick.
5. Make toothpaste by mixing equal quantities of salt and baking soda. If baking soda is not available only salt may be used.

EYES AND EARS

Eyes - Windows to the World

Objectives

By the end of this Unit the children will be able to:

1. List the ways in which they can protect their eye-sight.
2. Name some simple ways to make out that a person has an eye problem and some simple ways of treating a problem.

Content

1. Eyes must be kept clean and free of dust and dirt.
2. Wash your face well in the morning and after playtime.
3. Do *not* sit close to the TV.
4. Do *not* read in bad or poor light.
5. Eyes are delicate and should be protected.
6. Do *not* go near fire crackers.

7. Do *not* play with sharp objects or run or play with them — you may hurt yourself or a friend.
8. Eat healthy food with Vitamin A to help your eyes remain healthy so that they sparkle.
9. Signs that your eyes are not getting enough Vitamin A.

Bitot's Spots : a silvery patch on the eye.

Ulcer : a sore on the eye.

If you see this in your eye or in your friend's eyes a doctor has to be consulted immediately.

10. Sometimes the eye becomes red, painful with discharge and many of your friends and family members will have the same problem at the same time.

This is to be treated with an eye ointment or drops immediately. But more importantly you can prevent this from spreading to others by using a clean handkerchief and not lending it to others and washing your hands well after cleaning your eyes.

11. If you have difficulty reading or seeing the blackboard or if you get headaches from reading you must have your eyes checked. You may require glasses.

METHODOLOGY and INFORMAL EVALUATION :

Classes.

- Demonstration :
1. Children may check each others eyes for signs of Vitamin A deficiency.
 2. The children may check their eye sight with the help of an E-chart.

Report - A child who already wears glasses in the class may give a short talk or report on why and how he came to wear glasses.

* * * * *

Ears—To Hear the World

Objectives

By the end of this Unit the children will be able to:

1. List the ways in which they can protect their hearing.
2. Name some simple ways to make out that a person has an ear disease and some simple ways of treating the problem.

Content

1. Ears help us to hear the world around us, to understand and talk to others and to know when we are in danger.
2. Ears must be kept clean and dry.
3. If ears get infected pus comes out and there is often a bad smell.
4. If you find this happens often to you, you must see a doctor so that it does not cause serious difficulty in hearing.
5. If you bathe in a well or tank often and get ear infection you may have to be careful that you plug your ears with cotton before bathing.
6. Never put sticks or wires inside your ears. Only clean the outer part with a clean cloth.

METHODOLOGY and INFORMAL EVALUATION :

Stories

Skits — depicting dangerous situations where hearing is essential.

eg. a boy crosses a railroad track without hearing the train coming.

- a boy is sleeping soundly and is unable to hear his mother shouting to him that the house is on fire.
- an excellent swimmer is unable to save his sister from drowning because he could not hear her cries for help.

* * * * *

CHILDREN WITH DISABILITIES

Handicapped Children

Objectives

By the end of the session the student will be able to :

- Explain what a disability is and why some children are disabled
- Enumerate some of the things that disabled children can't do.
- Discuss how to deal with disabled children.

Content

- * Some children cannot walk, run or talk like other children. These children are handicapped. There are many reasons why a child can be handicapped. We must remember that **DISABILITY IS NOT CAUSED BY MAGIC AND IT IS NOT A PUNISHMENT FOR WRONG DOING.**
- * The following are some common causes of disability :
 - it can be due to some problem that develops in the baby before it is born.
 - some diseases such as polio, measles and leprosy can cause disabilities.
 - accidents can also cause injuries which can lead to handicaps.
 - young children who do not eat properly don't grow well and this can result in handicaps.
- * There are different types of disabilities.

Some children may be physically handicapped and be unable to use their hands or legs like other normal children do. Some children can be deaf or blind, while others may be mentally handicapped. This makes learning very difficult for them.

There are some children who have fits and fall to the ground. There is no need to be afraid of these children. Their condition will not spread from them to you.
- * Disabled children like to laugh and play and have friends like you do. They also want to learn like you. In fact they need to do certain things more than others to make up for their disability.

Activities

1. Discussion
 - Do you know any disabled children?
 - Do you know why the child is disabled?
 - Do you play with this child? If not, why?
 - Do you and other children laugh at this child?
 - Would you like to be handicapped? Why? Why not?
2. Play a game

Games : *Pin the tail on the donkey.*

Children can take turns being blindfolded and then pinning the tail on the donkey. They then realise how difficult it is to do something correctly with no vision.

Secrets : The children sit in a circle and at one point the teacher whispers a message into the child's ear like "the chair has a crooked leg" this message is whispered into the next child's ear by the first child and so on till the last child speaks out the message aloud. Usually this is a distorted message. This will tell children how children with difficulty in hearing perceive the spoken word.
Tie up a leg or eyes of a child and let the children play a running game. Repeat with other children taking turns at pretending to be handicapped.
This will help them understand more about the difficulties and needs of a handicapped child.

Visit : A visit to a blind school or a school for the deaf and dumb or mentally disabled can be organized.

HEARING AND SIGHT IMPAIRED CHILDREN

Learning Objectives

At the end of the session the student will be able to :

1. Recognise that some children are different.
2. Discuss the difficulties faced if one is not able to see or hear properly.
3. Interact with these children and treat them as their friends.

Content

1. Some children are different from others. They may be blind or deaf, or unable to talk.
2. When a small child is unable to hear, they cannot learn to speak because they have not heard the words before. So they are left out because they cannot hear or talk.
3. Children who cannot see well are not able to study properly or enjoy the pretty things that we see around us.
4. We must be kind to these children and help them when they have difficulties. We can read to them or play with them.
5. There are special schools for these children where they can learn the same things that we do. They have special methods such as braille for those who cannot see, and sign language for those who cannot hear.

Activities

The teacher can teach them simple sign language of common terms:

1. Letters, numbers
2. India
3. How are you?/ Thank you/ Hello/ Goodbye
4. Man/ woman/ boy/ girl
5. How old are you?

Detecting Deafness and Blindness in other Children

There is a test we can use for children who can understand some words. Gather together a number of things around the house—like a bowl, cup, spoon, some fruit, a toy. Check to make sure the child knows the names of these things. Then sit about one metre away from the child, with your back to him so that he cannot see your lips moving as you talk. Ask him in a normal voice to give you the objects, one after another. Can he hear you ask for the cup, the bowl, the spoon? This is one way of finding out if children are hearing, or if they are lipreading in order to understand what is being said to them.

Recognising the signs of poor vision :

The child :

- bumps into things and falls easily.
- has difficulty in reading far or close objects.
- has difficulty writing in straight lines.
- has difficulty threading needles.
- holds books very close to his face when reading and sometimes has tears.
- may complain of headaches or itchy eyes.
- fails to catch balls when playing
- wears clothes inside out.
- arranges items incorrectly.
- brings the wrong objects when asked to bring something.

* * * * *

LOOKING AFTER OTHERS

Taking Care of Older People

Objectives

At the end of this session the student should be able to :

1. State the health problems which affect old people.
2. Describe the ways in which they can assist old people.

Content

- * Old people have special problems which require us to be patient and understanding. Most of the time we don't realize this and we expect them to be able to do all the things that we can do. When they can't, we become impatient and angry with them.
- * Their eyes and ears become weak with age and they can't see or hear properly.
- * Some of their eyes may have a milky white centre called a **cataract**. This can be removed by simple surgery and old people can see well with glasses after that.
- * Hearing also may improve with the help of a hearing aid.
- * Old people may also have stiffness and pain in the joints which make it difficult for them to move around.
- * Most old people have very weak bones and muscles and will need help to move around. We should be careful while helping them because their bones will break easily if they fall and they do not heal properly or quickly like the bones of younger children do.
See how easily a dry stick breaks when compared to a green stick.
Old people's bones are like this dry stick.
- * We can help old people particularly our grandparents by listening to them and speaking to them clearly.
- * We can fetch things for them when they are tired. This will stop them from trying to do things they can't do and thus the chances of them hurting themselves are reduced.
- * Old people often forget where they have left their belongings and it is a great help when we find things for them.

Activities

A short talk on the above.

“Being a Journalist” — Each child is asked to visit an old person in his neighbourhood and conduct a short interview to find out how the old person feels and what problems he has. He is then to report back to the class with comments on the old person’s hearing, sight, mobility and his feelings about growing old.

A visit to an old people’s home.

* * * * *

LOOKING AFTER YOUNG CHILDREN

Learning Objectives

At the end of this session the student must be able to :

1. State how they can interact with younger children.
2. Make simple toys from materials at home for their younger siblings to play with.

Content

1. Children are growing all the time. All children need to play. Through play, they can learn many things. Children everywhere spend time looking after younger brothers and sisters.
2. Small children need stimulation as well as good food and love to help their brains grow well. Older children can play with small babies and other younger children.
3. Small babies love to hear someone talk to them. You can sing to them or tell them a story. Even if they do not understand the words, they are happy to hear your voice.
4. A mobile can be made to provide visual stimulation for them. This can be made by cutting circles out of cardboard on which are drawn faces and bright patterns. Put this near the baby or hang it near her crib.
5. If the child can walk, make her play with you by asking her to follow you or catch you.
6. Give the child 2 objects and you hold 2 more. Bang your 2 together. Can she copy you? Make clay or mud animals for her to hold. Get her to imitate their noises.
7. Make drawings in the sand with a stick or your finger and tell her a story.
8. When you are taking care of your younger sister and brother, always remember to make sure that they have their meals regularly, and rest when they are tired. Small children need to go to the toilet more often and will have to be helped.
9. Small babies need to be changed often and kept clean.

* * * * *

PREVENTING ACCIDENTS

Objectives

By the end of the session the student will be able to :

1. List the different kinds of accidents
2. List simple rules to prevent accidents that happen at home and in the neighbourhood.

Content

1. There are different kinds of accidents. Some occur at home, and others can occur on the road due to the traffic.
2. It is important to know how to prevent accidents that happen at home and in our neighbourhood.

At home

1. Do not play with knives or pins or needles.
2. Do not play with wires or electrical connections.
3. Do not play with glass utensils.
4. Do not touch any medicines or syrups unless your mother gives them to you.
5. Keep all pointed and sharp toys in a box or away from the floor, so that you do not get hurt.
6. Do not play with matches or fire.

Outside

1. Do not put your hand or head out of the window when travelling in a bus, car or train.
2. Always hold the hand of your parent or guardian when walking on the street.
3. Do not pet or go near stray animals on the street.
4. Wear some footwear to avoid getting injured.

Methodology

Stories with pictures from magazines and newspapers.

Games : *Snake or Star* : The teacher draws play things on the board whenever a safe toy is drawn the children call out "star" and she draws a star next to it whereas when she draws a dangerous plaything the children call out "snake" and she draws a snake against it.

What is wrong in this picture?



WHAT'S WRONG IN THIS PICTURE?

HOW TO CARE FOR THE SICK

CARING FOR CHILDREN WHO ARE SICK

Learning Objectives

At the end of the session the student should be able to :

1. State the importance of nutrition for the sick person.
2. Explain the ways in which they can assist a child who is sick.

Content

1. **Liquids:** The sick child needs to drink a lot. The older child can give her **CLEAN DRINKS** such as weak tea, juices, soups. Ifs he is passing a lot of stools and vomiting, he may need the special drink for diarrhoea.
2. **Food:** Although the sick child may not seem to be hungry, she should be helped to try to eat. It is very important that sick children are given some food to help their bodies fight their illness. A sick child who has no food becomes weaker and will take longer to get better.
The older child can help to prepare soft mashed foods such as banana, boiled potato or beans, rice and pulses. It is often better to give **MANY SMALL MEALS**. Help feed the sick child but be careful that she **DOES NOT CHOKE**.
3. **Comfort and Care:** The sick child needs to rest in a **QUIET, CLEAN** place. Where possible let light and fresh air in, but keep away flies, insects and animals. If it is very hot, fan the child or bathe the child with a cool, damp cloth.
If the child is **VOMITING** help him to **LIE ON HIS SIDE**. Then he will not choke on his vomit which can be dangerous. Children who are sick and **DO NOT MOVE MUCH**, need to be turned regularly. The older child can rub the **ELBOWS, HEELS** and **BUTTOCKS** from time to time to prevent them from getting sore.
If the child is having **GREAT** difficulty in **BREATHING** he may feel more comfortable if he is raised up rather than lying flat.
IT IS VERY IMPORTANT TO COMFORT the sick child with words, stories and songs. It may even help if the older child holds him. He needs to have someone with him.
If the child has a **VERY HIGH FEVER** it might help to **BATHE** the body with a soft cool and damp cloth.
DO NOT WRAP the Child's body tightly with many cloths or clothes. This makes him hotter and may increase the possibility of fits with brain damage from very high temperature.
4. **Remember:** When the child starts to get **BETTER** he needs **EXTRA** food, liquids and care. He will go on needing help until he is quite well again.
But keep babies and small children away from sick children if possible.
5. **Cleanliness:** Another thing the older child can learn is how to keep the sick child clean.
 - a. **Clothes:** When a child is sick, he sometimes vomits, passes water and stools where he is lying. The older child can help by taking the dirty clothes and washing them in a separate place as soon as possible. Keep them away from the rest of the family linen and places from where people draw water for drinking.
 - b. **Skin:** It is important to wash the sick child's skin with clean, warm water. This stops it from becoming dirty and infected and making the child more ill. If the child wants to scratch the skin, try to help it not to damage itself.
 - c. **EYES, NOSE** and **MOUTH**. These should be kept as clean as possible by bathing with **CLEAN, COOL WATER**. This will prevent more infection. If the mouth is sticky and dirty from vomit it can be rinsed. A little cooking oil can be used to moisten dry and cracked lips.

Activities

The teacher can ask the children questions about how it feels to be sick. For example:

When were you ill?

How did you feel?

What did others do for you?

When did you feel better?

Has any other child in your family been ill?

Who looked after him/her?

What did your mother say?

Children should be shown the correct way to sponge and wash a sick child. They can be encouraged to practice on a doll or on each other.

Ask children to press their elbows on a table, desk or door for a few minutes. Then see if the elbows feel sore. This will help to explain pressure sores.

One child can have her temperature felt by placing hands on the forehead. The child can then be wrapped up in clothes tightly for a time. Ask the child how she feels now and see if her forehead feels hotter. Find out who cares for sick people locally and how they do so.

A play or story can be acted to show how others cared for a sick child.

TREATING A CHILD WITH DIARRHOEA AT HOME

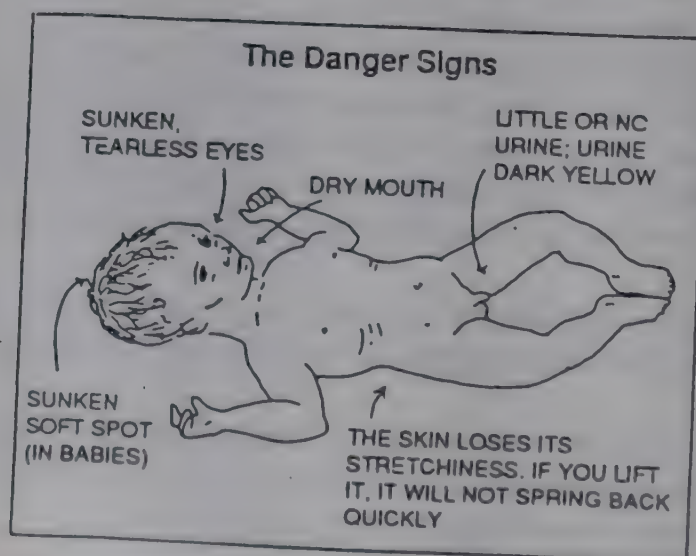
Learning objectives

At the end of the session the student should be able to :

1. Define what diarrhoea is.
2. State the different types of diarrhoea.
3. Discuss the major problems associated with diarrhoea
4. Recognise the signs of dehydration.
5. Discuss the treatment of diarrhoea at home.

Content

1. A person is said to have diarrhoea when he has three watery stools in one day.
2. A person with diarrhoea loses water and salt from his body. He gets dehydrated and becomes weak. If the child does not eat properly when he has diarrhoea, he can become thin and weak.
3. As he loses water, his eyes become sunken, his mouth and eyes become dry, he cries a lot or is very quiet, and he passes less urine.



4. He usually feels thirsty, so one must give him as much fluid as possible in the form of water, coconut water, lassi, rice conji, dhal water, fresh juice or whatever is available.
5. Even if he is not thirsty, he must be encouraged to drink plenty of fluids.
6. If the diarrhoea continues, you will have to make a special drink called sugar salt solution.
7. This is made by mixing a fistful of sugar (4 finger fist) and a pinch of salt (three finger pinch) in 2 tumblers (500 ml) of clean water.

Method for making rehydration fluid

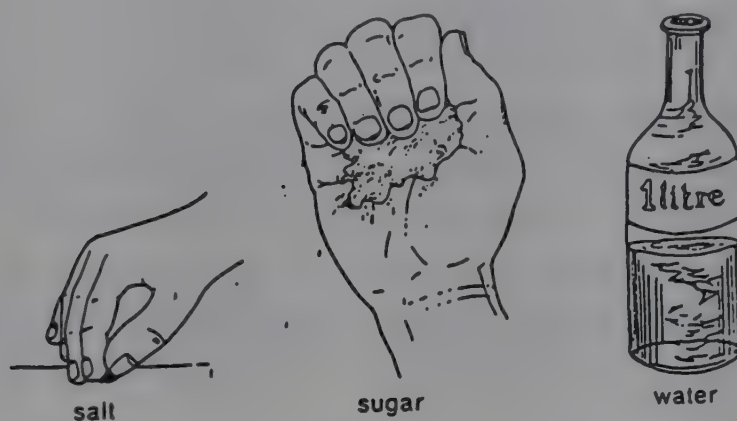
Wash your hands with soap and water. Put into a clean bottle:

(1) a three-finger pinch of salt

(2) a four-finger scoop of sugar

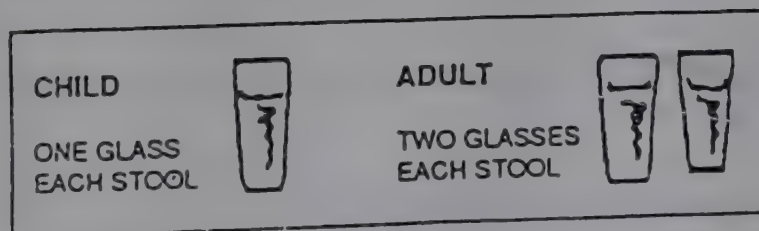
(3) 1 1/2 litre of clean water (boiled if possible).

Shake the bottle well to dissolve the salt and sugar.



(Taken from Community Health Workers, WHO 1989).

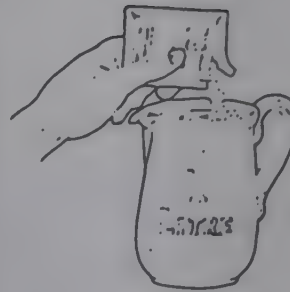
8. Make sure you wash your hands before you make this mixture.
9. The salt must be mixed first. This solution must taste like your tears. After this, mix the sugar.
10. A child under two should have half a glass (50-100ml) of this drink after each stool. An older child requires a full glass (100-200ml) and an adult two glasses (200-400ml) after each stool.



11. If the person vomits, the drink must be continued by giving small frequent sips of fluid.
12. ORS solution may also be given to prevent dehydration. The ORS packet is available at all government health centres. This must be mixed in 100ml (1 L) of water, unless otherwise specified.
Taken from Community Health Workers, WHO (1989)
13. Do not forget to feed the child so that he does not become too thin. If it is a small baby, the mother must continue to give breast milk. Older children can have simple food that is not very spicy. Conji, bananas, idlis and other soft foods are very good. Feed the child more frequently (atleast 6 times a day). The child must receive extra meals for at least 2 weeks after the diarrhoea attack is passed.
14. If the person continues to look sick or has blood in his stool, he must see a doctor at once.

Method

- Wash your hands.
- Measure 1 litre [or correct amount for packet used] of clean drinking-water into a clean container. It is best to boil and cool the water, but if this is not possible, use the cleanest water available. Use whatever container you can get, such as a jar, pot, or bottle.
- Pour all the powder from one packet into the water and mix well until the powder is completely dissolved.
- Make your patient drink some of the ORS solution at once. He should continue to drink it as often and as much as he wants (at least 1 litre per 24 hours until the diarrhoea stops).



Activities

Demonstration

- The teacher demonstrates how ORS solution and sugar-salt solution are made. Each child then practices how to make it and also has a taste of it. Remember to stress the personal hygiene practices.

Dehydration experiment — The class plants two saplings in the compound. The children water one plant regularly and the other not at all. The children witness the drying up of the second plant. They then start watering it and see the difference.

Keep filling and pouring

Take a plastic bag and draw a child on it. Fill the bag with water and explain that the full bag represents a healthy child. Prick a hole in the bag. This represents a child with diarrhea. Let the water drain through the bag. As the water flows out, the child drawn on the bag shrivels up, thus explaining the process of dehydration. Now ask one of the students to fill the bag from the neck with some more water. As the bag is filled, the child on the bag begins to appear healthy again. The water keeps flowing out from the pricked hole, but as long as the bag (child) receives water, it will remain healthy.

TREATING A CHILD WITH COUGH AND COLD

Learning objectives

At the end of the session the student should be able to :

1. Recognise coughs and colds can be treated at home.
2. Recognise when the child has a cough or pneumonia.
3. Give home treatment to a child with common cough and cold.
4. State what must be done immediately for children with pneumonia.

Content

1. Many children get coughs and colds. They make us feel sick and tired. Sometimes we are not able to breathe properly because our nose gets blocked. Other times, we have a running nose and headache, and a bad cough.
2. Most of the time, we do not need any medicines to treat this cough and cold.

3. Some children having a cough may have pneumonia. If you look at the child, and count its breathing, you can make out if he has this problem.
4. If a child has fever and cough, look at his chest and count the breathing for one full minute. If the breathing is more than 40 in a child 1–5 years old then this child must be sent to a doctor or health worker.
5. A person with a cough and cold often needs plenty of fluids to make sure his throat and mouth don't get dry.
6. A sore and painful throat can be made to feel better by making the person gargle with warm salty water.
7. A mixture of honey and thulsi in milk will also soothe the throat, especially in those too young to gargle.
8. A cough and blocked nose will get better if the person inhales steam with a little Vicks or Eucalyptus oil.
9. Fever will have to be treated with tablets but you can make sure he does not get too hot by removing all covering and blankets and by sponging him with tap water.
10. Even if he does not feel like eating, he should be encouraged to have something soft that is easy to swallow.

Activities

- Demonstration — the teacher shows how the above are carried out and the children practice on each other.
- children in pairs can practice how to count breathing of their partner. Remember that they have to count for a full minute, by looking at the chest and seeing how many times it moves in one minute.

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MEDICINES AND HOW TO USE THEM SAFELY

Learning Objectives

At the end of the session the student should be able to :

1. List the different forms of medication
2. State the rules to be followed when using medicines in different forms.

Content

1. Medicines come in various forms: tablets, capsules, syrups, injections, ointments and drops.
2. There are many different uses of medicines. Some cure a disease, whereas others only help to make you feel better. Most medicines must be given to you only by a doctor.
3. Medicines are very useful but have to be taken very carefully and in right amounts.
4. Some of the rules to be followed when taking medicines are :
 - a) Make sure you understand the name, dosage and timing correctly.
 - b) Check with an older person before taking medicines.
 - c) Do not mix it with other medicines.
 - d) Take the medicines with food whenever possible.
 - e) Always finish the full course of medicines.
 - f) Never share medicines with other people.
 - g) Keep medicines away from younger children in the house.
5. Injections are not always the best way of treating a problem/ Sometimes the injection can cause more harm than good.
6. Most diseases can be treated with tablets, and syrups.
7. Along with the medicines, it is important to rest, eat good food, and drink plenty of fluids.

Activities

1. Pharmacy game: The teacher plays the pharmacist, and names five drugs, when they are to be taken, how many times etc. The children must remember this and repeat it to their partners next o to them.
2. Demonstrate different kinds of medicines to the children, and ask them to name the type, and to state at least 2 rules.
3. Help children to identify and learn the use of medicinal herbs, plants and trees available in their village. Hold discussions on the advantages of indigenous health systems.

DISEASES

Diseases we can Prevent

Learning objectives

By the end of this session the student must be able to :

1. Enumerate the six killer diseases in children
2. Highlight the main signs of each
3. State how these diseases can be prevented

Content

1. Diseases can be prevented in many ways
2. Some diseases are very dangerous and are seen in little children.
3. There are six important diseases that we worry about
— Tuberculosis, Diphtheria, Pertussis, Tetanus, Polio and Measles.
4. Signs of each of the diseases :
 - a) Tuberculosis — causes a bad cough that goes on for a long time, and sometimes the person spits out blood.
 - b) Diphtheria — is a disease that causes problems in the throat, and can affect the heart also.
 - c) Pertussis — also known as whooping cough, or “Hundred day cough”, this disease leads to continuous cough with a peculiar whoop” sound and can lead to problems in breathing.
 - d) Tetanus — this usually affects a person after an injury of some sort and can cause severe fits. Small babies can also die of this disease if they are born in dirty conditions.
 - e) Polio — this disease causes paralysis of the hands or legs and most children become lame. They have difficulty in using the affected part.
 - f) Measles — is a common disease with fever and skin rash, and can become serious if the child gets diarrhea or a bad cough and fever.
5. All these diseases have a common property, these can be prevented by vaccinations or immunizations.
6. It is important to take these vaccinations at the correct time and at the correct place.
7. Even though some injections are painful and can cause fever, it is more important to remember that these prevent very dangerous diseases. So it is better to have a little fever for one day than to have any of these dangerous diseases such as polio.

Activities

1. One child at a time comes up and acts out one of the diseases, and the rest of the class call out the name of the disease.
2. A comparison can be made between a child who took all the vaccines and did not get any diseases, and a child who did not get immunized, and got polio.
3. The children can learn a song written about these diseases. The music is to the tune of the film song:

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POLIOMYELITIS OR INFANTILE PARALYSIS (POLIO)

Learning Objectives

At the end of the session the children should be able to:

1. Identify the case of poliomyelitis (Polio).
2. Understand that Polio is a totally preventable sickness.
3. Make the people understand the preventive methods.

Content

1. Poliomyelitis (Polio) is most common among children under two years of age.
2. Polio is mainly spread by faecal contamination especially in areas where sanitation is poor.
3. It may also spread through the air.
4. Once the disease has begun no medicine can take away the paralysis.
5. The best method of prevention is polio vaccine.

Activity

Let the students have a campaign to have all the children of their area vaccinated against Polio, with Polio drops given at 2, 3, and 4 months of age.

CONJUNCTIVITIS (Pinkeye)

Learning Objectives

At the end of the session the students should be able to:

1. Define the case of conjunctivitis.
2. Explain how it is spread.
3. Explain Prevention and treatment for conjunctivitis.

Content

1. Conjunctivitis is an infection which causes redness, inflammation of the thin transparent membrane which covers the eye ball, pus and mild 'burning' in one or both eyes.
2. Pinkeye is caused by bacteria, viruses, allergies, pesticides and air pollutants.
3. It is transmitted by hand-to-eye contact, sharing of face towels, cosmetics.
4. Conjunctivitis is easily spread from person to person if proper care is not taken.

Activity

The students and teachers can prepare an audio-visual (songs/charts) programme on prevention of Conjunctivitis in their locality.

SCABIES

Learning Objectives

At the end of the session the children should be able to:

1. Identify the case of scabies.
2. Understand the causes of scabies.
3. Describe the treatment and prevention of scabies.
4. Understand the importance of personal cleanliness.

Content

1. Scabies is especially common sickness in children. It causes very itchy little bumps that can appear all over the body, but are more common:
between the fingers, on the wrists, around the waist, on the genitals etc.
2. Scabies is caused by little animals – Similar to tiny ticks – which make tunnels under the skin. It is spread by touching the affected skin or by clothes and bedding. Scratching can cause infection producing sore with pus, and sometimes swollen lymph nodes or fever.
3. Lack of hygiene, malnutrition and worm infestations are some of the main reasons for scabies.

Activities

Ask the students to make a chart identifying the different types of scabies, the causes and the prevention methods.

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MALARIA

Objectives

At the end of the session the student should be able to :

1. Define what Malaria is in simple terms.
2. State how Malaria spreads.
3. Recognise clinical features of Malaria
4. Describe the methods by which Malaria can be prevented.
5. Recognise that Malaria must be treated early and completely.

Content

Malaria is a parasitic disease which is spread by anopheles mosquitoes. The mosquitoes breed only in water. They pick up malaria germs from infected people and then pass it onto others when they bite. Malaria causes fever with chills, headache and bodyache. In some cases it also produces vomiting and diarrhoea, and can be fatal to young children.

SPREAD

Whenever the female anopheles mosquito bites a person suffering from malaria, the malarial parasite enters the mosquito's body through the blood. It takes about 10 to 20 days for the malarial parasites to develop inside the body of the mosquito. After this period, the mosquito can pass on the parasite to a healthy person by simply biting them. This is how malaria spreads from one person to another.

SYMPTOMS

Recurring and periodic fever.
Severe chills and headache, followed by fever.
The fever drops, with perspiration.
Fever may cause fits and the patient may become unconscious.

TREATMENT

Consult a doctor.
Follow the recommended doses of chloroquine as advised by doctor.
Fever may be controlled by sponging body with a cool, wet cloth.

Patient should be given plenty of fluids to replace the loss of body water and minerals.
After the malarial attack, patient should be given plenty of green leafy vegetables, milk, pulses and legumes.
Chloroquine tablets should not be taken on an empty stomach as it may lead to vomiting and cause acidity.

PREVENTION

Take preventive doses of anti-malarial medication (chloroquine) during monsoon seasons (mosquito breeding time).

Keep water in stored tanks, drums and earthen pots covered and clean as mosquitoes lay eggs on open and stagnant water.

Use mosquito nets over beds and screen doors and windows with nets to keep mosquitoes out.

Keep away all mosquitoes with repellent, mosquito coils and smoke from neem leaves.

Destroy all mosquito breeding places by filling puddles with sand or oil and by disposing off containers where rain water accumulates.

Stagnant water from public sources should be diverted to fields.

Use Gambuchi fish in ponds and pools since these eat away the larvae of mosquitoes.

Spray house regularly with insecticides (caution: Keep all food and water well covered while spraying). Do not wipe off the spray.

Methodology :

Lecture/discussion on Malaria

Demonstration of the life cycle of Malaria organism under a microscope

Field trip around the school to identify breeding places

Community service by filling up or destroying breeding places.

TUBERCULOSIS

Learning Objectives

At the end of the session the children should be able to :

1. Identify a case of tuberculosis.
2. To describe home management of tuberculosis cases.
3. Describe the importance of regular treatment and follow up.
4. To explain how tuberculosis can be prevented.

Content

1. Tuberculosis is an infectious disease caused by a germ.
2. It spreads from person to person when a diseased person coughs out the germs in the air.
3. The disease is more common in people who are weak.
4. This disease can be identified by the following signs.
 - i. Cough
 - ii. fever
 - iii. loss of weight and appetite
 - iv. sometimes coughing out blood.
5. It is a curable disease.
6. An X-ray of the chest and test of the sputum confirms the disease.
7. Treatment varies from six months to one and a half years.
8. Treatment is free in all government hospitals and health centres.

9. It is very important to take the treatment regularly without stopping medication.
10. TB patients should be advised to take precautions while coughing and disposing of sputum.
11. TB patients need not be isolated.
12. TB in childhood can be prevented by BCG, Vaccination taken soon after birth or within 1½ months of age.

Activities :

The teacher can have discussion by asking questions, for example:

What is Tuberculosis?

Can it be prevented?

What are the signs of tuberculosis?

Can it be treated?

If so for how long does the patient take treatment.

Visual aids — like photographs and any pictorial image of bacilli can be used.

Children can be taken to a nearby health centre or government hospital and shown the actual sputum positive slide and X-ray.

Explain that this germ can be killed with medicines if taken regularly.

Evaluation

Check with children if they could identify suspected cases in their community.

LEPROSY

Learning Objectives

At the end of the session the children should be able to :

1. Identify a case of leprosy.
2. Understand that leprosy is curable and treatment is a must.
3. Describe the treatment of leprosy.

Content

1. Leprosy is an infectious disease caused by an infectious agent.
2. It can be recognised by the following signs
 - white (hypopigmented) patches on the skin
 - loss of sensation on those patches
 - thickening of nerves—elbow, knee, ankle.
 - lion-like face
 - when disease progresses further if not treated it results in deformities.
3. Deformities can be prevented if the disease is detected early and regular treatment is started on.
4. A person with white patches or thickened nerves should be referred to hospital or health centre, where test is done—skin smear and the disease is confirmed
5. The treatment is for 2 years or 5 years depending on the severity of the disease.
6. It is very important that the patient takes tablets everyday and go once a month to the health centre for check up.
7. No isolation of the patient is needed.

Activities: Using puppet show and awareness songs spread the message that Leprosy is a preventable and curable disease.

CHOLERA

Learning Objectives

At the end of the session the children should be able to :

1. Identify the causes, signs and treatment of cholera.
2. To describe how cholera can be prevented.
3. Describe details of hygienic disposal of stools.

Content

1. Cholera is a disease caused by an infectious agent.
2. It spreads from person to person by contaminated food and unclean hands.
3. A person passes watery, white stools (rice water stools) several times a day and also vomits. He may also have cramps. The stool smells different.
As the child loses a lot of water he become very weak. He feels thirsty, his eyes are sunken, tearless, lips and mouth are dry, the skin is cold and clammy (stretched), lighter or no urine.
4. The most important part of treatment is to replace water lost through diarrhoea and vomiting. The child must be taken to a health centre or hospital and tablets are given which kill the infectious agent.
5. Discuss with children effective preventive measures —
 - i. vaccination during an outbreak
 - ii. use water and soap if available to wash soiled cloth, hands and bottom.
Sweep up stool dropped on the floor or in the courtyard and bury the sweepings or throw them down a latrine.
Clean a child's bottom if it is still dirty.

Activity : Bring two cut plants to school. Put one in water keep the other on the table. They will see that one will wilt and the other will thrive. A baby with diarrhoea loses water much faster than a plant that has not been put in water.

FIRST AID

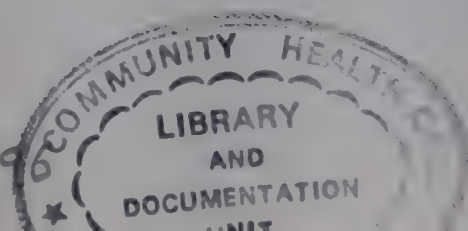
Learning Objectives

By the end of the session the student will be able to :

1. State the principles and aims of first aid.
2. Describe the first aid practices for different problems :
cuts, bruises, and bites
head injury and fits
fractures
burns
shock
3. To prepare a first aid box.

Content :

- a. The motto of first aid is to "Make haste slowly".
- b. The aims of first aid are :
 - to restore life
 - to preserve life
 - to improve life



A. FIRST AID FOR CUTS, BRUISES AND BITES

Content

1. All cuts and bruises are to be first cleaned well preferably with plenty of soap and water.
2. If the wound is bleeding put a clean cloth on it and apply pressure on it till the bleeding becomes less.
3. If the wound looks like it is deep, take the person to a doctor immediately so that the wound can be sutured.
4. If the wound is not too deep, you can dress it with clean cotton and an antiseptic cream such as dettol. DO NOT use mud or sand.
5. Make sure that the person has an injection to prevent him from getting tetanus.
6. In the case of dog-bite, make sure that you find out whether the dog is a pet or a stray.
7. If the dog is a pet find out if it has been immunised.
8. If it is a stray, you will have to take the person to the doctor for injections immediately.
9. First clean the wound well with soap and water and do not cover the wound or have it stitched up. Transport the patient to the doctor immediately.
10. If the person has been bitten by a snake, find out if anybody saw or killed the snake, it will help you know whether it is poisonous or non-poisonous.
11. Tie a firm but not tight bandage above the site of the bite to prevent the poison from climbing up the body.
12. Transport the patient immediately to the hospital.

Methodology

Practice sessions and demonstrations — the children have a chance to practice these techniques on each other.

One group of children can be taught about cuts and the other about bites and then a Child-to-Child session held to have an exchange of knowledge.

B. FIRST AID FOR HEAD INJURIES AND FITS

Content

1. Head injuries occur usually in some form of accident such as a fall from a tree, building or hill or a road traffic accident.
2. You must think that a head injury has occurred when you see bleeding from the nose and ears and the patient is unconscious or has fits.
3. When a person is unconscious he must be put into the **Recovery position**. This makes sure that vomit or any other fluid coming out of his mouth does not choke him.



4. Put the arms by the person's side
5. Roll the person over onto his front.
6. Place the arms and legs as shown in the diagram above.
7. Make sure that the chin is forward and the head tilted back and that the person can breathe freely.
8. If the person has broken bones, move him/her with great care. Take special care of the back and neck. Use a support like a rolled blanket instead of their arms and legs to keep their chest raised a little off the ground.
9. Do not force any food or drink into the person's mouth.
10. Do not put a spoon into his mouth if he is having fits.
11. The person should be moved very carefully without jolting to the nearest hospital.
12. If he has cut himself or is bleeding from the scalp, put a clean bandage applying firm pressure on it.

Methodology

Practice sessions and demonstrations — the children have a chance to practice the techniques on each other.

C. FIRST AID FOR FRACTURES

Content

1. Fractures are breaks in bone.
2. They usually cause pain, swelling and difficulty in movement in that part of the body.
3. A closed fracture is one when you cannot see the bone.
4. An open fracture is one where the bone has broken through the skin and can be seen.
It is important to keep the injured part still in a fixed position to prevent any further damage to the body. However, if the person is unconscious, they must FIRST be put into the Recovery Position.
5. If there is serious bleeding, treat this life-threatening problem first.
6. If the person is unconscious, put them into the Recovery position.
7. If it is an open fracture, cover the wound with a clean cloth to prevent infection.
8. To stop the broken bone from moving, it needs to be supported :
— place padding made from soft cloth around the broken bone.
— support the broken bone by bandaging it to a splint or a strong part of the body.
9. If you do not have a splint, any stiff long piece of wood, a ruler or a book can be used to provide support.
10. Try to raise the limb with the broken bone to prevent the limb from swelling.
11. Get medical help or transport the person to a health centre making sure that the broken bone is well supported and cushioned.
12. Make sure that the bandage or sling is never so tight that the fingers or toes are cold and blue, that means that there is not enough blood reaching these parts.

Methodology

The teacher will have to go into detailed demonstrations of each of the types of bandages, splints and triangular bandage use with alternative use of a scarf or handkerchief.



D. FIRST AID FOR BURNS

Content

1. A burn is more serious if it covers a large area of the skin or is deep.
2. Burns which cover a medium to large area of the body are a threat to life, especially for very young children.
3. Serious (large) burns will need urgent medical help as the injured person may go into shock.
4. For First Aid, remove the person from the source of heat. If a person's clothing is on fire, wrap them in a blanket or roll them on the ground to put out the fire.
5. Cool the burnt area immediately using lots of cold, clean water. It may take up to half an hour to cool the burnt area. If the burn is very large put the person into a bath of cold water.
6. For small burns (less than the size of a large coin or stamp) :
Keep the burnt area clean and dry and protect it with a loose bandage. If the burn is bigger than a large coin, show it to a doctor.
For large (serious) burns :
Cover the burnt area with a dry and very clean piece of cloth and get medical help immediately.
7. If necessary, treat for Shock. If the person is unconscious, put them in the Recovery Position.
8. Don't break the blisters.
9. Don't remove any clothing which is sticking to the burnt area.
10. Don't put grease, oil or herbs on the burn.

Methodology

Teaching and evaluation can be carried out after a short talk by the teacher on the above points.

A story is narrated in which the child has a burn and the children then proceed to decide the plan of action.

E. FIRST AID FOR SHOCK

Content

1. Shock happens when a person has been badly injured or is in great pain. In this state the person loses blood and liquid from the body. Sometimes a person gets damaged inside the body and bleeds inside without showing any blood outside. Any serious loss of blood or other liquids from the body can cause shock. This is a very serious condition and you need to be able to recognise the signs.
2. When a person is in shock :
 - the skin becomes pale or grey.
 - the skin feels cold and clammy and sweats a lot.
 - the heartbeat speeds up.
 - the breathing speeds up and is quick and shallow.
 - the person may seem confused.
3. First Aid consists of putting a person in the following position.
4. Lay the person down on his back.
5. Turn the head to one side.
6. Raise the feet.
7. Loosen the clothing around the neck and waist.
8. Get medical help or carry the person to the health centre in that position.
9. Do not give the person anything to eat or drink.
10. If the person is likely to vomit or becomes unconscious, place them in the Recovery Position.
11. If a person gets an electric shock, first put off the main switch. Then keep the person calm. If the person is not breathing, then they will require artificial respiration.

Methodology

The children practice these manouvres on each other till they are confident of carrying them out.

F. PREPARING A FIRST AID BOX

Content

The class prepares a first aid kit by collecting or making the following items :

- 12 triangular bandages made from a meter of clean cloth cut in half
- Antiseptic cream or liquid
- Safety pins
- Cotton wool
- A torch
- Sticking plasters
- A thermometer

Methodology

The box is put together by the students and then a First Aid demonstration is held by them in front of the whole school to demonstrate the life-saving knowledge they have gained. This also may be done in the form of a narrative or skit in which a victim of a disaster of some sort is resuscitated.

SCHOOL DROPOUTS

Helping Children who do not go to School

Objectives

At the end of the session the children will be able :

1. To initiate literacy through non-formal methods of education to non-school going children.
2. To impart knowledge about health through non-formal education.
3. To impart knowledge of prevention and treatment of common ailments at home.

Content

1. Learning to count, learning to read, learning to write.
2. Shring with each other.
3. Communicating simple health messages.
4. Skills of utilizing local resources

Methodology

1. Using discussion with children
2. Using task oriented method of education through meaningful activities.
3. Using meaningful visual aids.
4. Using role play, songs and other participatory media/methods.

Evaluation

1. Study and share their existing knowledge by activity and task.
2. Repeat and reinforce.
3. Find out if they have understood.

Activity

The teacher can lead the discussion by asking questions on the following aspects.

I. Who are children who do not go to school?

One group consists of drop outs who have done some schooling and have discontinued due to poverty, the arrival of another child to be taken care of or to work in the fields.

Another group consists of those who have not been sent to school at all.

II. What do they need?

They need to know about life in the world, health and also attempts should be made to learn to read, write and have a working knowledge to widen their knowledge.

III. How to deal with them?

Deal with them as friends and partners, as equals.

IV. What do they need to know and how to impart knowledge ?

They need to learn to write, count and also know facts about healthy living.

ex: Counting.

Teach them to count by asking them how many eyes they have.

I have 2 eyes.

How many fingers each hand has

$5 + 5$

What is the total? $5 + 5 = 10$

One can teach with grains, grams, fruits, vegetables and green leaves.

Count 10 Rice grains. 10 groundnuts, 5 Tomatoes = totally 25 eatables.

Teach with coins and how to recognize coin values and total it.

Teach them that rice and other cereals give energy, pulses help body building, vegetables fruits and greens help in protecting our body.

HAZARDS OF ADDICTIONS, HIV/AIDS

(Chemical Dependency, Alcoholism and Use of Tobacco (Substance Abuse))

Learning Objectives

At the end of the session the children will be able to:

1. Identify the different types of substance abuse and its ill effects on human life, for example use of Drugs, consumption of Alcohol and smoking and chewing of Tobacco.
2. See addiction as a disease.
3. Look after the people who are addicted and recovering addicts.

Content

1. Alcoholism, smoking, chewing tobacco, use of drugs are bad habits and it is difficult to give up.
2. These things can make one sick mentally and physically.
3. These things can affect the normal life of others with whom one lives.

Evaluation

1. Give assignments to children if they have passed healthy messages to their family members if they are addicted or leave the habit of using any of the substances.
2. What did they feel?
What do the students feel for their future regarding their views about addictions?

Activity

A visit may be made to a Rehabilitation Centre of addictions.

Students should get enough time to talk and share the experience with the recovering addicts.

Students may be asked to make posters, skit etc. on awareness of addiction.

* * * * *

SEX EDUCATION

Learning Objectives

After the sessions students should be able to:

1. Overcome their inhibitions about having discussions on topics on sex/sexuality.
2. Understand the physical and psychological changes one undergoes during the period of adolescence.
3. Understand the dignity and value of Human Sexuality.
4. Know the diseases transmitted by irresponsible sexual behaviour.
5. Know the human reproductive organs, their functions and responsible sexual behaviour.

Contents

1. Adolescence is the most fascinating period in one's life.
2. A proper understanding and appreciation of the psycho-social needs of adolescents governed by the biological demands, would result in a fuller adulthood making way for a happy and healthy society.
3. Sex is a sacred gift and it has a very important role in one's life as co-creator of future generations.
4. There are many diseases that can be transmitted through the irresponsible Sexual behaviour. They are known as sexually transmitted diseases (STD) HIV/AIDS is most dangerous among them.
5. Girls should know about the need of cleanliness especially during the menstrual period.
6. Develop appreciation for the feminine and masculine qualities of both the sexes—gender.
7. Suggestive and compelling media images can cause sexual fantasies. Use of pornographic materials can lead to the deterioration of moral values and quality of life. Develop the capacity to say 'No' and avoid tempting situations.

Activity

1. Group discussion and class discussion can be held using slide programmes/videos.
2. Encourage students to critically analyse the images projected by the media especially vulgarity in advertisements, films etc.
3. Question box can be introduced to encourage students to ask their doubts.
(See Appendix-I)

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HUMAN IMMUNODEFICIENCY VIRUS (HIV)

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Objectives

At the end of this session, the children should be able to :

1. Explain how HIV infection spreads.
2. Explain how HIV does not spread.
3. Explain how to prevent the spread of AIDS.

Content

What does HIV mean?

HIV stands for Human Immunodeficiency Virus that causes AIDS.

What does AIDS mean?

A — ACQUIRED

means “to get”

AIDS is acquired (or got) from other people who have the AIDS virus

I — IMMUNE

means “protected”

The body is normally immune (or protected) against many diseases

D — DEFICIENCY

means “a lack of”

With AIDS, the body has a deficiency (or lack) of immunity against many diseases

S — SYNDROME

means “a group of different signs of a disease”

When people have AIDS they have a syndrome or many different signs of the disease.

AIDS is a disease which attacks the body's protective system. The body is unable to protect itself properly from other diseases such as diarrhoea, TB, coughs and sores in the mouth. With AIDS, these diseases make people very sick and they may even die.

HOW DOES AIDS SPREAD?

There are two main ways of getting AIDS. The AIDS virus can be transmitted:

- By sexual intercourse (vaginal or anal) with any infected person
- Blood-to-blood, if someone receives blood containing the AIDS virus from another person
 - by sharing needles or using unsterilised needles (for injections)
 - by transfusion in a hospital or clinic where the blood has not been properly tested
 - by using unsterilised instruments that cut the skin (for ear-piercing, circumcision, scarification, tattooing etc.)

However unborn babies can get the infection from their infected mother's blood during pregnancy.

HOW AIDS DOES NOT SPREAD

- Shaking hands
- Touching
- Breathing
- Kissing
- Mosquitoes and bed bugs
- Caring for those with AIDS
- Cutlery and cooking vessels
- Bedding and clothing
- Toilets and latrines

HOW CAN THE AIDS VIRUS BE PREVENTED FROM SPREADING BY SEX?

- By staying with one's sexual partner. The more partners people have the greater the risk for both of catching AIDS virus
- By having safe sex. Kissing, cuddling, touching are safe sex. Penetration by the penis is not safe.
- By drinking less alcohol. Alcohol causes people to lose their judgement about safe sex. Drugs can also do the same.
- By seeking early treatment for sores and unusual discharge from the penis and vagina. People with the sores or discharge are more likely to catch and spread the AIDS virus.

HOW CAN THE AIDS VIRUS BE PREVENTED FROM SPREADING BY BLOOD?

- By ensuring that needles, syringes and cutting instruments are thoroughly washed after use and sterilised by heat or chemicals. In national immunisation programmes, health workers have been specially trained in giving injections safely.
- By asking for medicines that can be given by mouth instead of by injection.
- By avoiding contact with other people's blood. When giving first aid it is important to cover cuts and sores and to wash hands well afterwards.
- By reducing the number of blood transfusions. Because blood can carry many diseases, doctors now choose to give fewer blood transfusions.

RESPONSIBLE SEXUAL BEHAVIOUR

Abstinence from sexual intercourse before marriage is a "no risk" behaviour. In this context, the traditional value of 'no sex' before marriage is important to stress. Students may be encouraged to discuss the significance of this traditional value in the context of contemporary situation. Abstinence is a responsible behaviour and students need to discuss the reason for observing abstinence and learn how to resist pressure to have sex.

Sex with one uninfected and mutually faithful partner is another "no risk" behaviour. In this context, it is important to note that there is a consonance with the Indian value which discourages pre-marital and extra-marital sex.

Methodology

- Lecture and discussion with slides
- Quiz/ exercise to learn about AIDS
- Role play on methods of prevention.

SAFE MOTHERHOOD, BREAST FEEDING

Safe Motherhood

Objectives

At the end of the session the children will be able to :

1. List the major causes of maternal death.
2. Describe the management of Anaemia
3. Describe the importance of birth spacing and timing.
4. Identify the availability of essential obstetric care.
5. Identify the warning signs in pregnancy.

Content

The major causes of death during pregnancy are as follows :

1. Bleeding/Anaemia

2. Obstructed labor.
3. Severe infection
4. Toxaemia/Blood Poisoning
5. Abortion

Essential care must be provided to all pregnant women. This is because you will never know who will develop complications. There are six components for essential care for pregnant women.

- Early registration of all pregnant mothers.
- Antenatal check ups—at least 3
- Prevent, diagnose and treat anaemia
- Prevent deaths due to tetanus
- Care at birth observing the 5 cleans

All pregnant women should be registered with the ANM or the primary health centre by 12 to 16 weeks of their pregnancy.

All pregnant women should have at least 3 antenatal visits. These will be at:

- 20 weeks or as soon as pregnancy is known
- 32 weeks and
- 36 weeks or during the last trimester.

Anaemia

Anaemia in pregnant women is an important cause of maternal death. In addition to affecting the health of pregnant women, it affects the new borns as well.

- All pregnant women should take 2 tablets of iron and folic acid for 100 days during their pregnancy.
- All pregnant women should be examined for anaemia during pregnancy. If anaemic, they should be given 3 tablets of iron and folic acid for 100 days.
- Women who are found to be severely anaemic in the third trimester, they should be referred to a hospital for blood transfusion.
- If there is a history of passing worms in the stools they should be treated for the same during the second or third trimester.
- All pregnant women should be advised to increase dietary consumption of adequate quantities of iron rich foods.

Prevention of death due to Tetanus

- All pregnant women should be given 2 doses of tetanus toxoid
- Safe delivery should be conducted by observing the 5 "cleans"
 - Clean hands
 - Clean surface
 - Clean razor blade
 - Clean cord tie
 - Clean cord stump

Birth spacing and timing

Timing spacing and limiting of births are to ensure good health and survival of children and mothers.

- Delay marriage and first pregnancy till 20 years of age
- Have minimum birth interval of 3 years
- Promote a two-child family

Warning signs of pregnancy

The following should be looked for as they will indicate difficulties during pregnancy.

- Severe pain or tenderness over the abdomen with the bleeding.
- Visual problem, blurring of vision
- Convulsions (in patient of toxaemia)

- vomiting/severe headache
- Severe epigastric pain
- Sudden onset of sharp pain

BREAST FEEDING

Objectives

At the end of the session the children will be able to :

1. List and describe the advantages of breast feeding.
2. Identify the problem with artificial milk

Content

Breastmilk is the best food for young babies. For the first 4–6 months of a baby's life, breastmilk alone is enough for good growth. After this time other food must be given as well.

Breastmilk nourishes the baby and protects him/her against sickness. It is best if a child can be breastfed until he/she is big enough to be able to share the family meal (two years old if possible). In any case, a child should never stop receiving breastmilk suddenly, especially if the child is very young (less than one year of age).

Problems associated with artificial milk

1. Artificial milk is not easily available.
2. Artificial milk has to be prepared every time it is needed.
3. Very often the necessary amount is not bought or not available in which case the powder will be diluted and the required amount will not be given to the child.
4. It does not contain the required amount of nutrients.
5. There may be contamination of the milk after it is prepared.
6. The utensils used to prepare and serve the artificial milk may not be clean.

Methodology

Lecture/Discussion followed by:

A visit to the local chemist may be arranged to help them, appreciate the expense involved in using artificial milk. Interaction with the mothers to find out how they prepare artificial milk. The harmful effects of using artificial milk and baby bottles.

CHILD SURVIVAL, DIARRHOEA

Child Survival

Objectives

At the end of the session the children will be able to :

1. List and describe the 6 killer diseases namely Tuberculosis, Diphtheria, Pertussis, Tetanus, Polio and Measles.
2. Describe the prevention and treatment of diarrhoeal diseases.
3. Describe the prevention and treatment of acute respiratory infections.

Content

The children should be taught the following details about the 6 killer diseases. These are the

causative organism
mode of transmission
signs and symptoms of disease
treatment
prevention

Diarrhoeal diseases as indicated in the paper on diarrhoea.

Acute respiratory infections —

ARI is the one of the commonest cause of diarrhoea in our country. Of the ARIs Pneumonia deaths are more frequent.

Prevention — In order to prevent Pneumonia it should be ensured that every child is given all the immunizations. They should also be administered Vitamin A; to all children below 3 years of age.

Assessment of the child with ARI—The following questions should be asked —

How old is the child?

For how long has the child been coughing ?

Is the child able to drink?

Does the child have fever?

Has the child had convulsion?

The following signs must be looked for —

1. Count the breath in one minute
2. Look for chest indrawing
3. Look and listen for stridor or wheeze.

For children less than 2 months respiratory rate should not be more than 6 per minute.

For children more than 2 months and less than 2 years respiratory rate should not be more than 50 per minute.

for children more than 2 years respiratory rate should not be more than 40 per minute.

Using these criteria, the decision has to be made whether to treat the child at home or to refer to a health centre.

Methodology

Video films on six killer diseases

Video films on diarrhoea

Video film on ARI

Visit to Primary Health Centre to see the immunization process.

* * * * *

DIARRHOEA

Objectives

At the end of the session the children will be able to :

1. Distinguish between what is diarrhoea and what is not diarrhoea.
2. Identify the different types of diarrhoea.
3. To assess the condition of a patient with diarrhoea and to identify the complications of diarrhoea.
4. Describe the management of the different degrees of malnutrition.

Content

Diarrhoeal diseases are a major cause of death among children under five years. Majority of the deaths are due to dehydration. A child on an average suffers 2-3 attacks of diarrhoea every year.

Prevention of diarrhoea is fraught with difficulties. But prevention of death due to dehydration is possible. Dehydration can be prevented by encouraging parents to give home available fluids as soon as diarrhoea begins. Once dehydration has set in, one should be able to assess and recognize dehydration and start oral rehydration therapy.

Diarrhoea is defined as passage of liquid or watery stools. These liquified stools are usually passed more than 3 times a day. It is the recent change in consistency and character of the stools rather than the number of stools that is the more important feature. Passage of even one large watery stool among children may be considered as diarrhoea. When stools contain blood with or without mucus, it is known as dysentery.

The following may not be considered as diarrhoea:

- passage of frequent formed stools
- passage of pasty stools as in a breastfed child
- passage of stools during or immediately after feeding
- passage of frequent loose greenish yellow stool on the 3rd and 4th day of life

Types of diarrhoea :

Broadly there are three types of diarrhoea. These are:

- **Acute watery diarrhoea** starts suddenly and may continue for a number of days but not more than 14 days. Most of these are self-limiting and will last for 3 to 7 days
- **Dysentery** is diarrhoea with visible blood in the stools
- **Presistent diarrhoea** begins acutely but is of unusually long duration i.e. lasting more than 14 days.

Dangers of diarrhoea :

There are two major dangers of diarrhoea. These are :

—Dehydration — diarrhoea leads to loss of water and electrolytes (sodium, chloride, potassium and bicarbonates) from the body through diarrhoea stool. Dehydration occurs when these losses are not replaced adequately. The body develops a deficit of water and electrolytes. If untreated, dehydration leads to death.

—Undernutrition — in diarrhoea occurs because nutrients are lost from the body. A child with diarrhoea may not feel like eating. In villages, mothers often reduce food during diarrhoea and for some more days even after diarrhoea is treated or has stopped.

89 out of 100 diarrhoeal episodes do not develop dehydration. These can be managed at home by mothers with the use of home available fluids (HAF) and continued feeding.

9 out of 100 diarrhoeal cases will develop some dehydration. These need to be managed at health facilities with the use of oral rehydration solutions (ORS).

1 out of 100 episodes will develop severe dehydration needing intravenous infusion therapy. These need to be referred to the nearest facility where intra-venous infusion could be given.

Assessing a child with diarrhoea

A child with diarrhoea should be assessed —

- to determine the nature and pattern of diarrhoea
- to determine the degree of dehydration (no/some/severe dehydration), and
- to detect the presence of any other problems (i.e. blood in the stool or severe undernutrition).

ASSESS YOUR PATIENT FOR DEHYDRATION

		A	B	C
1. Look at	: Condition	Well, Alert	Restless, Irritable	Lethargic, Unconscious
	Eyes	Normal	Sunken	Floppy
	Tears	Present	Absent	Very sunken, Dry Absent
	Mouth/Tongue	Moist	Dry	Absent
	Thirst	Drinks normally	Thirsty, Drinks eagerly	Dry Drinks poorly
2. Feel	: Skin Pinch	Goes back quickly	Goes back slowly	Very slowly
3. Decide	:	No signs of DEHYDRATION	Two or more signs SOME DEHYDRATION	Two or more signs SEVERE DEHYDRATION
4. Treat	:	Home Available Fluidst	Oral Rehydration Solution**	Intra Venous Fluids***

* HOME AVAILABLE FLUIDS ARE:

Buttermilk
Weak solution of tea
Kanji

Tender coconut water
Fruit juice

** ORAL REHYDRATION SOLUTION "powder" is easily available with the Anganwadi Teacher, the ANM who visits the village and the Primary Health Centre
If this is not available with any of the above people Oral Rehydration Solution can easily be prepared at home using the following:

A four finger scoop of sugar
A three finger pinch of salt

This should be dissolved in a tumbler containing 200ml of freshly boiled and cooled water

***INTRA VENOUS FLUIDS: This can be administered only in the Primary Health Centre of Hospital therefore it would be better to refer this child immediately.

Methodology

Lecture

Video Film

Demonstration of the Preparation of Oral Rehydration Solution

APPENDIX I

IMPORTANCE OF SEX EDUCATION

A BACKGROUND

It is not at all a novelty to mention as to what point of gravity we have arrived at in matter of sexuality. It is enough only to open our eyes and look around. Every day various medias of Social communications give testimony to the deep wounds that are inflicted on individuals/human persons, and on the society by the human sexuality as understood from outside its true perspective.

Many a times, in the Society one gets an impression that there is desire urgently to repair, and set aright the inordinate effects from the concrete human conduct. In the meantime however, the spirit and the moral of the society itself is seriously sick due to the false and mistaken anthropology which adversely affect the human behaviour in thousand ways.

The Pontifical Council for the Family observes and cautions that in the human society, not only the young and inexperienced people who taste and experiment the negative effects into their own person, but it is the same case with the adults to be inducted to the same errors. Unawares they become victims of a mentality which goes counter to their human nature and the mission which they receive as spouses.

In the modern times of industrialization the production of commercial goods is being placed above the person and the society. Whereas according to the order of nature the understanding of sex is always related to the responsibility of its use in the family.

In the sixties there was a sex “revolution” which began at first as an expression of emancipation, of liberation from sex “taboos” and which ended up as a right to sexual pleasure devoid of any responsibility.

Thus there has been a departure from the responsible use of sex to the permitting of egoistic pleasure where the other person is not recognised as a person but considered as an instrument of pleasure and is treated without dignity as simply a “thing”, and “object”.

The ‘revolution’ has not only come as a storm to the youth but also has invaded the very core of the responsible human relationship of the spouses falsifying the mutual gift of self to each other.

Urgent Need: Today there is much contradiction and confusion about sex and its values. Sex has been made much more banal than ever before and Medias of Social Communications give impression that everything is permitted and licit. It is enough only to look at some T.V. Channels and some publicity. So to say the entire society is eroticized artificially.

After all this has come in the society also the double scourge of drugs and AIDS with which sex is invariably related. The drugs cost money and to earn money people resort to all illegal means, crimes, prostitution and pornography. And eventually through the use of drugs and inordinate sex the infectious and contagious diseases and AIDS spread. This chain of multiple evil effects of caricature of sex and love results into the reapture in the psyche of family and society ending up in also violence to child and to woman and break up of conjugal and family lives.

Naturally the Potifical Council for the family has noted that all families should be aware of their rights and obligations fully.

In the Family: Definitely such a "revolution" has separated sex from matrimony and love from family. It has also separated sex from life of unitive dimension and from within the conjugal act of procreation, thus providing a background in support of abortion and contraception.

This, so called "revolution", has had political implications as well. It has become now an ideology which has made sex a weapon to break all the ties of traditions. It rampages all parent-child relationships, Family-institutions and social fabrics and establishes a most exasperating individualism.

The welfare Society, taken up with the euphoria of hedonism has offered outside the family and with a vision inspired by the good of the person but rather of consumption of goods, the sex market and sex as a spectacle and fun.

The media of social Communication, the pomography and erotic telephones have distributed to the children such emotional appeal to enter into considering themselves as objects and not even as subjects of the alienating mechanisms.

Here the right of the parents, to be able to be the first Educators of their own children in a special manner during the childhood and adolescence is an exigency of the order of nature and it is constantly inherent as the most important element also in the teachings of the Church.

The parents, affirmed the Holy Father in his Letter to the Families, *Gratissimam Sane* in giving of life they take the responsibility at the creative work of God and along with while educating they become the participants of his paternal and maternal pedagogy. Through Christ every education, in the family and outside, gets incorporated in the salvific dimension of the divine pedagogy which pertains to all men and families and which culminates in the pascal mysteries of the death and resurrection of Christ. Besides the parents have the rich experience and potential which none others have because they know their children in a unique manner.

In the Schools: The matter of sex education, states the Pontifical Council from Family does not exclude the positive intervention of Schools or of other educational association. But it revindicates strongly the unsubstitutable role of the parents and of the family atmosphere as first and foremost factor.

Realising that the children and youth are so badly exposed to misrepresentation of sex that they are often the most gullible victims of sex abuse the Public Authorities in many countries have believed to solve the problems by favouring sex education in the School. But often, observes the Council, that education is reduced to mere sanitary information. The human and family perspective is kept outside sex and sex is regarded as something purely private.

A BASIC ANTHROPOLOGY FOR SEX EDUCATION

The Pontifical Council for Family has wished at various occasions, to give a double contribution providing basic anthropology to sex education.

Individual Person: According to which the sexuality is innate in the body and in all dimensions of the person as a whole. It involves on the total development of his person in his physical and spiritual life which will be reflected in his social relations.

In other words sexuality is inscribed in the person in his growth in his complementary relation, of a sex towards the other and his openness in giving up of self for the other.

Society: Another point of view is of society the whole of which needs to examine itself. As the Church it continues the question itself as to what kind of youth, woman, and man it would like to form for tomorrow. It should also ask itself as to what sort of relation between sexuality and person and society, it would like to see. Whether the sexuality is only legitimate or it is just tolerable as a simple private function of pleasure without its rightful orientation.

(Extract from L'Osservatore Romano 21st December 1995)

APPENDIX II

CONVENTION ON THE RIGHTS OF THE CHILD

INTRODUCTION

On 20 November 1989, the General Assembly marked the thirtieth anniversary of the Declaration on the Rights of the Child. On that day, too, the international community extended the mantle of human rights protection to one of the most vulnerable groups in society—children—when it adopted the United Nations Convention on the Rights of the Child. It is the first international legal instrument which lays down guarantees for the spectrum of the child's human rights.

The Declaration has been a guide to private and public action in the interests of children ever since. Asserting that “mankind owes to the child the best it has to give”, the Declaration is as solid a moral framework for children's rights today as it was thirty years ago.

Encompassing the whole range of human rights—civil, political, economic, social and cultural—the Convention recognizes that the enjoyment of one's right cannot be separated from the enjoyment of others. It demonstrates that the freedom a child needs to develop his or her intellectual, moral and spiritual capacities calls for, among other things, a healthy and safe environment, access to medical care, and minimum standards of food, clothing and shelter.

The Convention charts new territory. It establishes the right of a child to be an actor in his or her own development, to express opinions and to have them taken into account in the making of decisions relating to his or her life.

Non-discrimination is an important principle of the Convention; children shall enjoy all their rights without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

HIGHLIGHTS OF THE CONVENTION

- Every child has the inherent right to life, and States shall ensure, to the maximum, child survival and development.
- Every child has the right to a name and nationality from birth.
- When courts, welfare institutions or administrative authorities deal with children, the child's best interests shall be a primary consideration. The child's opinions shall be given careful consideration.
- States shall ensure that each child enjoys full rights without discrimination or distinctions of any kind.
- Children should not be separated from their parents, unless by competent authorities for their well-being.
- States should facilitate reunification of families by permitting travel into, or out of their territories.
- Parents have the primary responsibility for a child's upbringing, but States shall provide them with appropriate assistance and develop child-care institutions.
- States shall protect child from physical or mental harm and neglect, including sexual abuse or exploitation.
- States shall provide parentless children with suitable alternative care. The adoption process shall be carefully regulated and international agreements should be sought to provide safeguards and assure legal validity if and when adoptive parents intend to move the child from his or her country of birth.

- Disabled children shall have the right to special treatment, education and care.
- The child is entitled to the highest attainable standard of health. States shall ensure that health care is provided to all children, placing emphasis on preventive measures, health education and reduction of infant mortality.
- Primary education shall be free and compulsory; discipline in schools should respect the child's dignity. Education should prepare the child for life in a spirit of understanding, peace and tolerance.
- Children shall have time to rest and play and equal opportunities for cultural and artistic activities.
- States shall protect the child from economic exploitation and work that may interfere with education or be harmful to health and well-being.
- States shall protect children from the illegal use of drugs and involvement in drugs production or trafficking.
- All efforts shall be made to eliminate the abduction and trafficking of children.
- Capital punishment or life imprisonment shall not be imposed for crimes committed before the age of 18.
- Children in detention should be separated from adults; they must not be tortured or suffer cruel and degrading treatment.
- No child under 15 should take any part in hostilities; children exposed to armed conflict shall receive special protection.
- Children of minority and indigenous populations shall freely enjoy their own culture, religion and language.
- Children who have suffered maltreatment, neglect or detention should receive appropriate treatment or training for recovery and rehabilitation.
- Children involved in infringement of the penal law shall be treated in a way that promotes their sense of dignity and worth and that aims at reintegrating them into society.
- States should make the rights in the convention widely known to both adults and children.

Making the rights protected in the Convention a living reality for every child in the world will require the concerted efforts of all; Governments, international organizations, non-governmental organizations and private groups and individuals. In the final analysis, the most important support will come from individuals through their awareness of the rights of the child and their insistence that they be respected.

The Convention set up the committee on the Rights of the Child, a committee of ten experts which will generate a permanent dialogue involving all parties concerned with the promotion of children's rights. Parties will submit reports to the Committee on how they are carrying out the Convention and on difficulties they face in doing so. The Committee will also have information from other sources available to it and its meetings will be an international market-place of ideas, in which organizations will help the Committee to:

- Identify dangers to the well-being of the world's children;
- Look for practical answers to specific problems;
- Mobilize the human and financial resources needed to solve them;
- Raise the level of public awareness and concern for the protection and promotion of the rights of the child.

The Committee will be able to commission special studies on children's rights.

Children have a great role to play so that the Convention can become a reality. Not only should children be informed about the Convention and propagate its ideas themselves among peers and adults, but they should also assist the Committee on the Rights of the Child in implementing the Convention.

Extract from Convention on the
RIGHTS OF THE CHILD
World Campaign for Human Rights
United Nations

"The defenseless child assailed by disease and violence offers the most tragic and realistic image of the infirmities and aggressions still scarring and offending such a large part of humanity today and of deterioration in the conception and reality of life and its quality, and indicates the road which research, science, and society are called to follow. At the same time awareness is increasing that authentic advancement and defense of life are rooted in full respect for the dignity of the human person from the moment of conception and in the different phases of development."

"Humanity will have a better future if children, from the moment of conception, are accompanied by love and care leading them to physical, psychological, and spiritual maturity through use of the increasing resources which science and juster sociomedical organization are making available today more than in the past."

*Fiorenzo Cardinal Angelini
President,
Pontificium Consilium De Apostolatu
Pro Valetudinis Administris*